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ABSTRACT

Whether considered as Asian Americans or as a distinct minority group, the Samoans in the United States are ignored by social program planners. The study reported in this document was designed to provide baseline data on the needs of the Samoan community in southern California. Such information as household size, sex and age distributions of household members, income level, occupational and educational attainment, and immigration history was collected in order to obtain a general demographic and socioeconomic profile of the community. In addition, information was sought on cultural patterns and on the respondents' perceptions of community needs, their utilization of various medical services, and the special needs of elderly Samoans. The study's design, questionnaire instrument, sampling techniques and data collection and analysis are described. Statistical results are presented in table form and discussed. The hope is expressed that on the basis of increased knowledge about sociocultural, economic and language problems in the Samoan community, the Government will be more willing and able to respond to Samoans' needs. (GC)

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**AAMHRC**

Occasional Paper No. 2

# THE SAMOAN COMMUNITY IN SOUTHERN CALIFORNIA: CONDITIONS AND NEEDS

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# PREFACE

The study on which this report is based was conducted during the summer of 1976. It represents a close, concerted effort by the two parties involved: the Samoan Community and the Asian American Mental Health Research Center (AAMHRC). Without the dedicated efforts and support of individuals like Palafu Tili, Amani Magalei, and Adele Satele, this study would not have been possible. It was Mr. Tili who, as a Board Member of AAMHRC, first requested AAMHRC to assist in the study and subsequently devoted much of his own time and resources to push it along until completion. Mr. Magalei also contributed his resources and served as voluntary coordinator for the study. Ms. Satele, as principal Samoan coordinator of the project, was instrumental in organizing data collection activities, acted as a community resource person, and edited the present report. Ramsay Shu, a staff member of AAMHRC, was assigned to provide technical assistance in terms of data collection, analyses of results, and preparation of the report.

Frequently it is said that outsiders intrude into ethnic communities and "rip them off" without returning the fruits of research to them. On the other hand, insiders' applied research often receives little respect from those in academic or research institutions. This study, however, is the product of joint effort by both community insiders and outsiders. The relationship between the community participants and AAMHRC can best be described as complimentary: The Samoans provided fieldwork facilities, raw data and the community expertise to understand them, and generous hospitality; AAMHRC contributed both technical and financial resources to help make the study possible. This amiable relationship may be witnessed by the fact that this report presently bears the joint authorship of both Satele and Shu, the major participants from both parties. It may be suggested that this cooperation represents an appropriate approach for community studies.

This research experience has also been beneficial to both parties. It is the privilege of the outsider researcher to be able to participate in this study and get to learn about the Samoan way of life. However, there is also the lesson that the researcher cannot adequately understand his data without sharing the experiences and frustrations and hopes and aspirations of the people with whom he works. Thus, after the preliminary report of the study was drafted, he returned to the community to solicit feedback from community leaders and grassroots people. This second draft therefore has incorporated numerous comments from concerned Samoans. On the other hand, this report is the first publicly released document on the Samoan community in South Bay. Many community leaders have volunteered their services to help make it possible because they recognize the value of the study. In this sense, this report represents the efforts of the Samoan people, and the staff of the AAMHRC is merely their "talking chief" through which they speak their voice in a different medium. In their behalf, it is sincerely hoped that the report may prove beneficial to the welfare of the Samoan community.

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* The names are listed in alphabetical order.

# INTRODUCTION

This is the second version of the report which presents the findings of a survey undertaken to assess the needs of the Samoan community south of Los Angeles. The study was conducted with the primary objective of collecting much-needed baseline information about the characteristics of the people and their social institutions, with the anticipation that appropriate actions can follow.

In recent years, there has been a growing effort to design social welfare and health programs to fit the culturally specific needs of minority peoples. Past ignorance and discriminatory practices toward minority groups are now generally recognized as unacceptable or even immoral. However, concrete actions to change such practices are either non-existent or are moving at a slow pace. Much of this inertia may be accounted for in terms of institutional racism, which is generally difficult to confront on account of its pervasive and self-perpetuating character. While most Americans would agree that the two largest racial and ethnic minorities, namely the Blacks and Spanish-speaking peoples, deserve particular attention, little in the way of information or action is accorded to the lesser minorities. The Asian Americans are one such neglected group.

To further confound the problem, the term "Asian Americans" itself is not uniformly adopted by those peoples which it embraces. To most Americans, if the term means anything to them at all, it applies to the core group composed of the Japanese, the Chinese, the Pilipinos, and the Koreans. But for those who are advocating equal opportunities, Asian Americans include not only Americans of Asian origin, but also those from the Pacific Islands. Thus, Asian Americans, or Pacific/Asians, would include the Japanese, the Chinese, the Koreans, the Pilipinos, as well as the Hawaiians, the Guamanians, plus other groups identified with that broad geographical region. The Samoans, as Pacific Islanders, constitute an integral component of the Pan Asian movement.

However, as in the case of some other ethnic groups, there are those among the Samoans who advocate establishing a distinctive ethnic identity for the Samoans and separating themselves from the collective movement. However, regardless of their extent of affiliation to and within the Pan Asian movement, the point is clear that as a minority among minority groups, the Samoans are one of the most severely neglected groups by the society at large.

This point can be elaborated both by examining their status within the Asian American collectivity as well as considering them a distinctive racial and ethnic group by themselves. First, while there are clearly advantages to be gained by aligning with Pan Asian solidarity, the Samoans also stand to suffer whatever treatment is accorded the latter.

A good illustration of this are the societal stereotypes towards the Asian Americans. Whereas three or four decades ago they were negatively stereotyped (Sue: 1973; Yee: 1973; LaPierre: 1930), currently the Asian Americans' progress toward equal opportunities is being hampered by the success image projected onto them by society at large. In recent years, popular magazines (New York Times: 1966; Newsweek: 1971; U.S. News & World Report: 1966) have portrayed the success stories of some Asian American groups. These claims, moreover, have been ostensibly documented by census data and research findings (U.S. Census: 1970;

Schmid & Nobbe: 1965). According to these sources, the "Orientals" not only have achieved middle-class status in terms of income, education, occupation, etc., but they also have fewer criminal behavior and mental health problems. Thus, it may not be surprising to find that they are conveniently ignored by society as well as program planners within government agencies.

This myth of Asian American as "model minorities" has been repeatedly pointed out by researchers as being essentially unfair and inaccurate (Sue & Kitano: 1973; Owan: 1975). It is pertinent to note a number of major weaknesses underlying the model minorities assertion. First, success stories are more dramatic and newsworthy and are therefore more publicized, even though the proportion of successful Asians when compared to the total Asian American population may be extremely small. Second, the revised immigration policy since 1965 favors the admittance into the United States of those who possess preferred occupational skills or are contract laborers. Thus, the high socioeconomic statuses of some Asian American groups may be artifacts of immigration laws rather than an accurate assessment of their social mobility achievement. Third, a report on the economic conditions of the Asian Americans indicated that the family incomes of Asian immigrants are typically based on multiple wage-earners (Wu, et. al.: 1976). This is in marked contrast to the single income-earner type found in most American families. Total family income, therefore, instead of supporting the notion that Asian Americans have attained high socioeconomic statuses, only more visibly reflects the under-employment situation prevalent among them (HEW: 1974). (It will be observed later that this interpretation is especially credible in the case of the Samoans.) Finally, the "model minorities" thesis was based on crude statistics obtained from the Japanese, Chinese, Pilipino samples and therefore may not be valid when generalized to other racial and ethnic groups such as the Guamanians, Vietnamese, or Samoans--which have had very different patterns of immigration experiences, and which were not enumerated by the U.S. Census.

On the other hand, if the Samoans are to be considered by themselves as a distinctive minority group, then their progress towards equal opportunities is seriously held back by the present lack of information about them. Several factors can be mentioned that account for the information gap on the Samoan population in the United States. First, the Samoan people are one of the most recent immigrant groups: their migration to mainland United States began only about twenty-five years ago. As such, information about the Samoan community is scattered and scanty compared to other groups. Second, the size of the Samoan population on the mainland is relatively small; it is estimated as ranging from 50,000 to 80,000 during the mid-seventies. Third, there are relatively few physical structures, such as ethnic businesses and cultural centers, that distinguish the Samoan communities from other neighborhoods and attract due recognition from outsiders. Fourth, partly because of lack of outside help, the Samoan people have always resolved their community affairs within the confines of their own community. In spite of their relatively low socioeconomic conditions compared to the Anglo community at large, they are known to have solved many of their problems through their self-reliance and resources, reinforced by their ethnic loyalty and strong network of kinship ties. Thus it is not surprising that relatively little information is available on the Samoans.

Much of the difficulty in planning social programs for minority groups like the Samoans is due to the relative absence of valid information on their needs. Inasmuch as that is not available, the only recourse leftto program planners is to make judgments based on extraneous considerations. Whether the Samoans are affiliated with the Pan Asian collectivity or are considered a distinct minority group, the foregoing analysis would lead us to believe that their needs are ignored by program planners. In the former case, their community needs are blurred by the Asian American success image; in the latter, they stand to suffer from lack of information documenting their needs. In both cases it is likely that planners of social service agencies will ignore the needs of the Samoans in favor of others perceived as more desperate. This may not be due to any malicious intent or evil motives at all. But it illustrate institutional inertia at work. As one Samoan social worker puts it,"People in the government told us, 'No statistics, no problems!'"

Viewed from this perspective, it follows that a needs assessment study on the Samoan community is warranted. And based on this need for baseline data, the present study was conducted.

## THE SAMOAN COMMUNITY

### GEOGRAPHICAL AND POPULATION SETTLEMENT

The Samoan settlement in mainland United States is predominantly located on the West Coast. Moreover, the Samoans tend to cluster around those metropolitan areas with sizeable naval bases, shipping and fishing industries, etc., as Los Angeles, San Francisco, San Diego, and Seattle. While there are no census enumerations available on their population distributions, some informal estimates have placed the size of the Samoan population in Southern California anywhere between 20,000 to 40,000 (Ablon: 1971; Chen: 1973; Civil Rights Commission: 1975). Because of migration and natural increases, it is reasonable to assume that the present size of this population is even higher.

This study deals with the Samoan community in the South Bay area of metropolitan Los Angeles, which is, by informed consensus, the single largest Samoan community in continental United States. Geographically, this community encompasses the cities of Carson, Wilmington, Compton, Harbor City and adjacent areas in Long Beach, Torrance, Gardena, San Pedro, etc. (see map, Appendix). Roughly speaking, the center of the community lies in Carson, and from there the community radiates outwards for a distance of about ten miles. For the purposes of the present report, we shall accept the population size of this South Bay community to be approximately 20,000, although the precise figure is not available (Civil Rights Commission: 1975, Los Angeles County: 1976). Carson has the largest settlement of Samoans, but there are also several concentrated settlements of Samoans in specific neighborhoods in Compton, Wilmington, and Long Beach. On the other hand, the Samoans living in the other areas of this community appear to settle quite far apart from each other.

This distribution of population settlements make it plausible to assume that Carson is the focal point of Samoan community life. For instance, several major Samoan churches are located in or around here, there are a number of ethnic stores established in the neighborhood, and the parks here provide the sites for Samoan cricket games and other sports activities; Carson High School, in recent years, is also increasingly being identified with its Samoan students. Furthermore, the Samoan Community Center in Carson, previously known as the Carson Community Center, provides outreach social and welfare services to the Samoans residing in Carson as well as nearby neighborhoods.

The term "Samoan Community" as used in this report needs to be clarified. It does not mean that there is a clearly demarcated geographical area within South Bay that is commonly recognized on the map as Samoan. Unlike other ethnic enclaves--which are identifiable by their ethnic stores and neighborhood centers where the indigenous people shop and socialize--in appearance, the Samoan community looks just like any other working class community.* It does not mean that the majority of the residents in the area are Samoan either. In fact, most of them are non-Samoan, even though the Samoans are rapidly becoming a noticeable minority here. But it does mean that on the whole, the Samoans living in this area interact primarily with each other instead of with the palagis (the whites) or others. They have their own ethnic institutions such as churches and civic organizations, and they have a deep sense of ethnic commitment to the "Samoan way of life". To them, they have a community here. In this sense, then, the Samoan community may be considered an "invisible community" to the outsiders, but certainly a viable and real one to the Samoans themselves.

---

* However, as previously indicated, there seems to be an emerging Samoan community specifically identified with the city of Carson.

## IMMIGRATION HISTORY

The Samoans are one of America's most recent immigrant groups. Even though there were individual Samoans who settled on the West Coast in earlier years, as a group they began coming to mainland United States only since the fifties, shortly after the United States government closed its naval facilities in American Samoa.

Samoa is part of the group of islands in South Pacific generally known as Polynesia. Geographically, it is about 1,716 miles north of New Zealand, 600 miles east of the Fiji Islands, and 2,420 miles south of Hawaii. Politically, it is divided into two regions: 1) The islands of Savaii and Upolu, which are closer to New Zealand and were at one time part of the British Commonwealth under the administration of New Zealand; they became independent in 1962, and are presently known as Western Samoa; 2) The Manua islands and Tutuila, which were incorporated into the United States Commonwealth as a trust territory in 1904 and are today known as American Samoa.

The Samoans in the United States came from both Western and American Samoa. However, residents of American Samoa are American nationals and therefore may freely travel to the United States. In contrast, since Western Samoa is an independent nation, those from Western Samoa have to enter the country through immigration restrictions. One result of this is that Western Samoans are officially recorded by the U.S. Immigration and Naturalization Services, but there are no official statistics on the entry of American Samoans. This complication makes it extremely difficult to assess the composition of the Samoans in the United States by geographical origin.

There appear to be three major reasons why the Samoans come to the United States. In general, both "pull" and "push" factors are involved. First, the United States Navy, once the largest employer of indigenous people in American Samoa, closed its Samoan base in 1951 and transferred jurisdiction of the islands to the Department of the Interior. As a result, a good number of local workers moved with the Navy and eventually settled around naval bases in Western coastal states and Hawaii,* where the weather is more akin to conditions at home. Another factor that accounts for the migration of the Samoans is their desire to take advantage of the perceived opportunities that are available in the United States. Like most immigrants, they came to seek better job opportunities, quality education for themselves or their children, or social positions that are closed to them at home. (To some Samoans, coming to the United States would also mean getting away from the traditional constraints of the Samoan society, or from population pressures at home.) However, whereas the Navy first brought the Samoans here, and available opportunities continue to attract a steady stream of newcomers from both Western and American Samoa, in time a kind of snowball effect is developed. The earlier settlers, as they become established, send for members of their immediate families as well as kin groups. The latter, in turn, bring in and provide for their families and relatives. On the next level, as the Samoan community becomes more established, it also becomes more capable of sustaining this constant flow of newcomers from the home society. The recent immigrants bring along with them traditional Samoan customs, values, and commitment to the Samoan way of life. Thus, their addition to the Samoan community here, in effect, helps balance the encroaching pervasive influences from mainstream American society.

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* It should be noted that Hawaii has a sizeable Samoan population on account of its proximity to Samoa. It also serves as a major stopover station for those Samoans coming to mainland. It is not infrequent that a Samoan will first settle in Hawaii, and then move to the mainland when feasible. Thus, essentially, the Samoan immigration involves a triangular route: Samoa, Hawaii, and California. However, as far as this report is concerned, the Hawaii connection will not be discussed in order to keep the study in focus.

There are three major consequences of this pattern of immigration.* One is that practically all the Samoan adults living in mainland United States as well as a significant proportion of the teenagers are "first-generation" immigrants. That is, they are Samoan-born Americans who have spent most of their lives in either Samoa. As such, the primary language of these people is still Samoan rather than English, even though they live in the American society in which the command of English is a necessity. Also, the community as a whole is based on the Samoan way of life, but with appropriate modifications in order to adjust to the wider society. Second, because the Samoan society is so much different from the United States in terms of social institutions, value orientations, historical experiences, natural resources, and technological advances, etc., the Samoans may not be able to adjust readily to the demands and the opportunities of their new society. As in the case of other immigrants, they work their way up the American ladder based on the skills they already have, or can easily acquire. However, most of the job skills they developed while in Samoa are not functional within the context of a highly technological society such as the United States. Thus it is not surprising to find that adult Samoans engage predominantly in occupations that require low technical skills or few administrative experiences. Third, since both American and Western Samoans live together in the Samoan community here, there are ample opportunities for them to interact with each other. Even though there have been ancient animosities between the people of both Samoas, much of this is alleviated in light of their common destiny in their new society. Thus, it may be suggested that one useful function of the Samoan community in the United States is that it makes available a common setting where people from both Samoas live together and reduce past rivalries.

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* Technically speaking, those from Western Samoa are immigrants, but those from American Samoa are migrants. Because of this legal distinction, the opportunity avenues open to the two groups are also different slightly. However, because it is impossible to differentiate them within the Samoan community except by individual enumeration, and because there are numerous inter-group marriages and kinship ties between Western and American Samoans, in this report they will be considered both immigrants and migrants.

## SOCIAL STRUCTURES

The importance of the kinship system in traditional Samoan society has been repeatedly emphasized in earlier writings (Mead: 1937; Keesing and Keesing: 1956; Holmes: 1974; Copp: 1964; Gilson: 1970). In contrast to American society, the individual is never treated as a discrete person in the Samoan social context. He is identified as a member of his aiga (extended family), as well as of his village. The matai (chief), as head of the aiga, makes decisions and is responsible for the activities of all his family members. All the chiefs of the village, in turn, sit in the fono (village council) and collectively recognize a high chief who presides over affairs of the entire village community. The prestige associated with a chief depends, to a large extent, on his family lineage and perceived accomplishments; in turn, the prestige of the whole aiga or village is reflected by the title of its high chief.

Overall, there is a meticulous grading of the titles of the chiefs in various villages and islands* and these chiefs recognize and respect each other's authority. Observers of the Samoan community in mainland United States have stated that the matai system has persisted remarkably well upon transplantation (Ablon: 1971a, 1973; Chen: 1973), but it may be more accurate to suggest that the matai system is undergoing a steady process of modification. This point is worth elaboration.

Analytically, for the matai system to function, there are three fundamental prerequisites: One is that there is a distinctive hierarchy of chiefly titles so that each chief would not "act out of his place" with respect to the others; second, there is a clear demarcation of a chief's scope of authority whether it be his own family, village, or the island; and thirdly, there is a council that can jointly implement and support the chief's decisions. However, these elements are missing, for the most part, in the Samoan community here. Since the chiefs may have come from either Western or American Samoa, and some are delegated by the chiefs back home to take care of family members here, it becomes a difficult task to recognize and restructure a new hierarchy of chiefly statuses and authorities. The situation is also complicated by the lack of geographical boundaries here that is traditionally associated with a chiefly title. Whereas in Samoa the chief is always identified with a certain village and he can exercise his authority in that context, there are no longer any geographical distinctions connected with the title here. Moreover, the village council, which serves as the organizational base of the matai system, is missing upon migration. Thus, in effect, the chiefs here exercise their traditional functions within an organizational vacuum, and their authority over their aiga members is more dependent on the members' loyalty than their sanction power.

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* In general, one may recognize at least the following titles: the chief, the talking chief, the high chief, and the high talking chief. Within a village, the high chief usually appoints his talking chief as his spokesman, but the latter can also be chief of his own family. Then there is also the paramount chief, who is usually associated with selected prestigious families. In Western Samoa, there about ten royal families, and the prime minister is always elected from within this elite circle. For further details, see the literature cited above.

It thus appears that the matai system is undergoing a difficult process of transition in order to adjust to the different social-structural milieu in the United States. In traditional Samoan society, one may distinguish four levels of structure that together constitute the matai system and enable it to function: The four levels are the aiga, the chief, the fono, and the circle of high chiefs. The point is, migration has brought individual Samoans and aigas to a new society, and it becomes extremely difficult to duplicate the matai system here. It is like building a jigsaw puzzle with some missing pieces. The Samoan Council, which is composed mainly of the chiefs, is a notable attempt toward this reconstruction. However, by force of circumstances, it cannot be as effective as the village council at home. Whereas the village council has paramount authority in determining communal affairs, any matai system here has to take into consideration the palagi's way of life and the impact of American social institutions. On the other hand, whereas a Samoan has little choice but to comply with the wishes of his chief or the village council if he is in Samoa, he recognizes that he has other options open to him in the United States. In other words, unlike the situation in Samoa, the individual holds bargaining leverage against his superiors. Moreover, since the Samoans come from various villages and islands, it is extremely difficult to build an organized structure that can be as effective as the village council at home. Thus, one may distinguish only three levels within the matai system here: the aiga, the chief, and the circle of chiefs. For all practical purposes, one may say that the authority of the chiefs is limited to the aiga level and cannot extend to the community, because there is no organized structure to support and implement the chiefs' decisions on that level. However, this does not mean that the chiefs have lost their authority completely. On the contrary, a chief may have gained even more authority over his family members because of the new environment, but his authority does not extend outside of his family. What is valued and respected by other Samoans is the prestige associated with the chiefly title, not the authority.

As in the case of most folk societies, the single most important institution in the Samoan community is the extended family system. This system persists remarkably well even after its transplantation to the United States. It may be said that while the matai system is the political superstructure of the traditional Samoan society, kinship ties and family bonds are the affective substratum in weaving individual Samoans into a corporate unit. This may be illustrated by the fact that when Samoans are first introduced to each other, they are always introduced through kinship relationships such as "Mr. So-and-so is the brother-in-law of Mrs. So-and-so's husband." A Samoan always owes his first loyalty to his aiga, and it is unthinkable that he would turn away his needy relatives if the latter should approach him for help and solace. Thus, it is not uncommon that he will take leave from work in order to help his visiting cousin from Samoa find a job, or even provide him lodging and boarding accomodations until the latter is suitably settled. This, incidentally, is the most common procedure by which Samoan immigrants first settle in the community.

The newcomer, in turn, will as a matter of practice return the favors to his benefactor when the situation warrants. This system of mutual helping and kinship interdependency is, furthermore, constantly reinforced by family gatherings, such as occasions of childbirth, baptism, wedding, mourning, and the like (Ablon: 1970). Thus it may be said that the individual lives through his extended family as long as he is in the Samoan community.

Another important social institution in the Samoan community is the church. The Samoan churches, by virtue of their organizational effectiveness, probably assume more influence in Samoan community life than does the matai system. Each church is more or less exclusively concerned with the welfare of its respective congregation; on the other hand, the church is financed, and its activities enthusiastically supported, by its members. Practically all Samoans belong to one of the several Christian denominations: Congregational (London MissionarySociety), Mormon, Methodist, Catholic, and others such as the Pentecostals, Seventh-Day Adventists, etc. They are devout church-goers, and believe seriously in the value of Christian teachings. Their loyalty to their church, like their loyalty to their kin groups, enables the church organization to function as an agent which oversees their spiritual as well as their social welfare. Besides its religious preaching, the church may also help its members find jobs, raise funds for emergency needs, and serve as liaison to mainstream American society. Moreover, it is common for family members to belong to the same church. Thus, in this sense, a Samoan church may be considered a super-family that promotes solidarity among its members through spiritual teachings and pastoral activities.

Except in the case of the Catholic and Mormon churches, a Samoan church is identified by the community through its minister. Thus it is common practice among the Samoans to say that Mr. So-and-so is a member of Rev. So-and-so's church, rather than a member of, say, the Congregational church. The minister, as leader and symbol of his church, therefore enjoys high status within the community. Usually he is a man of learning, and is respected for his leadership abilities as well as pastoral activities.

In the Samoan community, the most important people are the chiefs and the ministers.* Both occupy positions of respect and, on account of their respective statuses, can exercise significant influence on the community. The chief is head of his family group, and the minister is shepherd of his congregation. But the chief is also a member of his church and the minister a member of his aiga. This situation is further complicated by the fact that those individual Samoans whose affairs they oversee are also simultaneously members of both family and church groups. Thus, there is a delicate balance of domain of responsibilities between the chief and the minister, and each is careful to act in accordance with the given social situation. Thus, for instance, the chief is responsible for family development and social gatherings, cultural activities, and welfare of his aiga, but the minister is considered superior to the chief in church related matters such as raising funds for church development, organizing religious activities, and so forth.

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* Another group of Samoans, the social workers, are also becoming important. They are the liaison persons between the Samoan community and government agencies. They channel various services to the community and introduce the needy Samoans to available help. However, at the present moment, they constitute a very small core group, and their effectiveness is hampered by bureaucratic procedures.

However, there is one important respect in which both the minister and the chief have common interests, i.e., the welfare of their people. Both are concerned to help them get jobs, housing, educational opportunities, etc. But it seems that in the context of the American society, the minister can perform a more effective role than the chief in these matters. The minister is usually more educated and more familiar with the workings of the American system than the chief, whose background may enable him to function more effectively in Samoa than here. The minister may be motivated also for practical reasons of his own, because there are reciprocal interests involved. The maintenance and development of his church as a going concern depends on the contributions and support of his congregation; and, in some cases, even his own ministral position may be at stake. Therefore, the more successfully the minister can help his church people, the better it is for his own church. Furthermore, unlike the informal kinship group, the minister has a church organization that can implement his decisions more effectively.

Thus it may be concluded that the extended family and the church are the fundamental bases for viable social life in the Samoan community. The close kinship bonds coupled with affective ties provide the family members with a strong reciprocal relationship of security and belongingness in the new environment, and the church gives them a sense of meaning-in-this-world as well as an organizational framework for mutual support at times of individual and group needs. These relationships are built on deeply felt emotional attachments, and they are constantly reinforced by family and church activities. Through such gatherings members of various age groups and families continue to share and cultivate their ethnic identity and mutual bonds.

Another social institution in the Samoan community also needs to be mentioned, even though its history is relatively short. For lack of a better term, this may be called the Samoan civic organization. These organizations, unlike the churches, are formed primarily for the practical purposes of community action. The most prominent among them are the Samoan American Community Council (Samoan Council) and the Samoan Federation.* Both are community-based voluntary associations that open their membership to all Samoans. In actuality, both are made up of the chiefs, the ministers, and any other individuals who are interested in furthering the welfare of their community, and there is a substantial amount of overlap in terms of members who belong to both organizations. And, while each has its own constitutional by-laws, its own administrative body, and its own meetings, both organizations have similar goals and functions: they help disseminate information from government agencies to the Samoan community; they serve as community spokesmen for community concerns; they assist in service delivery to the needy Samoans regarding social security, welfare aids, job training, etc.; they also act as community liaison to the new immigrants on matters pertaining to adjustment in the United States; and they are involved in cultural programs that introduce Samoan culture to the general public, as well as reinforce in Samoans a sense of cultural identity. Thus, even though they are two separate organizations, both are considered by the palagis (the Anglos) to be the representative bodies of the Samoan community. These civic organizations, and the churches, are invaluable resources whenever community action is to be implemented. However, while the influences of the churches on the Samoan community are more pervasive, those of the civic organizations are more specific and issue-oriented.

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*These two organizations are the most established, but several new ones have come into existence during the past two years or so. Among them, the Carson Homeowners Association seems to be most active. Its membership is open to all (Samoan) homeowners and residents of the city of Carson, and it is involved in community activities, especially on housing issues.

## VALUES

Since the values and norms of the Samoans have already been discussed by others,* it might be sufficient to consider only those relevant to this report. But it is important to note that traditionally, before migrating to mainland United States, Samoans lived on islands where foods and fruits are plentiful, where the demands of the environment are simple and their needs easily met, and where--in the village communities where they typically live--every Samoan knows about the lives of everybody else.

When outsiders come to deal with the Samoans, they are always most impressed by the local residents' concern over symbols of prestige and status within their community. The whole community is structured on a hierarchy of statuses and rankings. Moreover, each individual's acceptable behavior, despite his status, may vary according to his role in a given social situation. The basic unit of social life and economic activities is the household, in which each individual's behavior is arranged in terms of his or her relative ranking and obligations to the others. In addition to the chiefly titles, age and sex are also important criteria for status differentiation: the females are subordinate to the males, and the young always defer to the old. On the other hand, these status distinctions also carry different sets of obligations. Thus, for instance, the young are taught to respect their elders and never to talk back to them, and the men are expected to protect and to provide for the women.

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* It should be pointed out, however, that most of the available literature on the Samoans are about those on the Samoan islands, and not on mainland United States. They are also written mostly by the palagis who were fascinated with the "exotic" way of life of the Samoans and therefore might have harbored ethnocentric biases. In passing, it is interesting to observe that Robert Louis Stevenson's sojourn in Samoa and his accounts of life in these islands subsequently stirred up avid interests among European travelers.

In a Samoan village, practically everyone is related to everyone else through the extended kinship system. Where resources are abundant and needs are simple, the Samoan custom is to share one's properties with other members of the community. Land, the prime property among the Samoans, is owned and tilled by the family as a whole, though managed by the matai. This practice is also evident when there are festivities to be celebrated or mournings to be observed. Charity and sharing are values highly regarded by the Samoans, especially since the commodities and services thus rendered circulate primarily within the community.

The Samoans are a proud people. Their myths hold that their ancestors came directly from the gods, and the chiefly titles represent an attmept to retrace the various linkages to the great god of Togoloa. Centuries of self-sufficiency on the islands have instilled in them a sense of confidence and an optimistic outlook on life. They know that as long as they do their share of work, the rest will take care of itself. Thus, when they are not working, they relax and enjoy life as it is. In contrast to the palagis, work and leisure are nicely blended in the way of life of these Samoans. Thus, when they come to the United States, they carry with them a healthy positive attitude towards adjustment. Compared to Samoa, the opportunities here are abundant, and the Samoans are skillful in utilizing these opportunities given what they had to begin with.*

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* On the other hand, the resources that they have for successful adjustment to the American society are very limited. In the process of transplantation into the new society, the paramount consideration is that the resources they brought from Samoa are mismatched to the demands for adjustment. Thus for instance, their job skills, which are based primarily on a simple form of agrarian economy, place them at a disadvantaged position on the job market here. The language barrier is another instance which makes their adjustment difficult. Hence there is a peculiar adjustment situation among the Samoan community in which the Samoans are suffering from a lack of resources, but are making the most of what is available.

## STUDY DESIGN

### OBJECTIVES

It was pointed out previously that there exists a serious information gap pertaining to the Samoan community in the United States. This lack of information has the following consequences as far as social programs are concerned: Government programs are guided as much by information as they are by collective political pressures. When the information is not available, little could be done by way of public pressures. As a result, Samoan people receive little assistance relative to other minority groups from various government agencies. The Samoan community has been denied assistance a number of times when leaders of the community solicited funds for their social programs.* Many community workers therefore complain about the credibility of government bureaucrats, and speak bitterly that governments really do not care about the problems of the voiceless and the neglected. Some also suggested that the Samoans are patently ignored by the government people.**

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* To give just one example, when the Samoan Federation requested the city of Carson to sponsor a Samoan cultural festival to the amount of $8,000, it was turned down.

** It will be observed that the results of the present study support, on the whole, these allegations.

The primary objective of this study, therefore, is to intervene at this point and to establish a data base for filling in the information gap. It is hoped that this report will provide the necessary facts to charter a course of action. It is also hoped that as additional results are available, more social programs will be launched to meet the needs of the Samoan community.

With this in mind, the study sought to collect the following information:

(A) First, a general demographic and socioeconomic profile of the community. This includes such items as size of the households, sex and age distributions of the household members, income level, occupational and educational attainments, and immigration history, etc.

(B) Second, the needs of the community. This includes the respondents' perceptions of the community needs, their utilization of various medical services, and the needs of elderly Samoans.

The research design of the study is basically survey research and can be analytically separated into the following components:* (1) Design of the questionnaire instrument, (2) sampling, (3) data collection, and (4) data analysis.

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* For those interested in this study as a case of community research, some discussions on the methodologies, lessons, and advantages of the study are reported in the Appendix.

## DESIGN OF THE QUESTIONNAIRE INSTRUMENT

In accordance to the objectives of the study, the questionnaire consists of two sections: Part I seeks information,general demographic and socioeconomic characteristics of the study sample, and Part II probes into the various aspects of community needs. Part I was originally modeled after a questionnaire instrument developed by the Survey Research Center of the University of Michigan, while Part II was prepared specifically to assess the needs of the Samoan community. Both underwent several modifications before finally being adopted for usage. In earlier consultations with representatives of the Samoan community, it was discovered that the original version of the questionnaire was too lengthy and time-consuming, and therefore was not suitable for soliciting information from the respondents. Hence it was drastically reduced. Furthermore, those items not deemed applicable to the case of the Samoan community were eliminated, while others relevant to it were later added. For example, information on political affiliation of the Samoans was not requested, but their immigration status, proficiency in the English language, as well as the number of income-earners within the household, were solicited.

The pretest results were particularly helpful in revising Part II items so that they were applicable to the case of the Samoans. The strategies involved in preparing items pertaining to the Samoan's views on their own community problems serve to illustrate this point. (These are #47, #53, and #56 in the tabulations.) These items were prepared originally for a precoded format, but they were later changed to open-ended questions in spite of the additional efforts involved in training the interviewers and analyzing the information obtained thereby. The point is, such things as community problems cover many concerns, and what outsiders think are problems may not coincide with the views of the community people. To obtain information that is useful, it is therefore better to find out what community problems are salient in the cognitive structures of the Samoans than to have them check off a list of precoded answers which may be based on a premature understanding of the Samoan community.

## SAMPLING

Just as there are always unique problems in constructing a questionnaire for a subcultural group, the issue of sampling an appropriate universe of respondents within the Samoan community also requires unorthodox solutions. Unlike most standard surveys whose population parameters are generally known beforehand, little information is available on the Samoan community. The universe for the study was defined as the Samoan population living in the South Bay area of greater Los Angeles (see map in Appendix). It is generally believed that there are some 20,000 Samoans living in this geographical area, with the heaviest settlements in Carson, Compton, Wilmington, and selected neighborhood blocks in Harbor City and Long Beach. Random sampling by means of census blocks, the standard procedure for such surveys, was precluded because most respondents thus selected would be non-Samoans. Even systematic sampling of the Samoans living in the South Bay area would have been impractical because there was no Samoan directory available. After a number of weeks of deliberation, the project staff decided to adopt the only feasible sampling approach. The potential respondents were identified through the formal and informal networks of all those who participated in the study project.

As a practical necessity, the unit for sampling was also defined as each unique address sampled rather than a family unit. This step was necessary in view of the extended kinship ties found among the Samoans. One respondent was sampled for each unique address, the respondent being an adult Samoan currently residing at that address. Altogether, more than 500 interview protocols were gathered; but after screening, only 410 cases were used for this report. The mean size of each household being 6.0, it can be estimated that the survey sample encompassed about one-eight of the accepted population universe in question, or approximately twelve percent.

## DATA COLLECTION

This aspect of the study project was initiated even when the questionnaire instrument was being revised and sampling strategies examined. It included the recruitment and training of the fieldworkers, completion of the interview protocols, and editing of these protocols for possible errors. This stage lasted from early July until the end of September.

At the beginning, the field workers included a group of twenty-six Samoan high school students who participated in the study as their summer project, two Samoan supervisor/coordinators recruited from the community to supervise the work of these students, and a survey researcher whose responsibility was to provide technical assistance in, and to inspect the quality of data collected from, the study.

After the initial orientation meetings, the students went through training sessions every day to become acquainted with the survey instrument and interviewing techniques. They were teamed up in pairs, and practiced role interviews with each other. They were then required to do several pretest interviews with their relatives or neighbors. Whenever there were questions, the two Samoan supervisors were there to provide constant assistance, and briefing sessions were held together with the technical assistant regarding data collection.

Actual data collection began in August, and each student was assigned a weekly quota that varied on the basis of performance level and individual motivation. To foster their initial confidence, they were allowed to facilitate their data gathering procedures by contacting respondents through their informal networks. Their supervisors helped introduce them to other respondents as well as assured that the work was done properly. Each returned interview form was then checked for possible errors. If the errors were serious enough, then the interview was either repeated or the form discarded depending on whatever was feasible.

Since the students had to return to school by September, special arrangements were made to recruit other interviewers from the Samoan community. These latter interviewers were predominantly adults who were more familiar with community affairs, and they were able to reach respondents on their own initiative. Like the students, they went through training sessions before they were sent out to conduct fieldwork by themselves. In general, the information they gathered was of better quality than that of their predecessors; moreover, they were able to reach those respondents who were previously unavailable.

## DATA ANALYSIS

Once the data were collected, a final version of the codebook was developed by closely inspecting all answers, especially the open-ended ones. While most questionnaire items were already precoded, this procedure was necessary in order to incorporate the information obtained in the open-ended questions, notably those on occupations and community concerns. The coding classifications for occupations followed closely those used by the Bureau of the Census, which contain both occupational categories as well as codes for specific occupations.* Codes for other open-ended items were prepared by tallying all the answers and then combining them systematically. Thus, for example, codes for Q. 41a, Q. 47, Q. 53, and Q. 56 (see Appendix) were based on the original verbatim answers as much as possible.

The 500 interview protocols were cross-checked for possible sources of error. If there was reason to believe that a given protocol contained serious errors, it was marked off and excluded for data analysis. Several criteria were utilized in this regard. Sometimes the interview form might be perfectly valid, but it would be discarded if the respondent listed was under twenty-one years of age. Other times, when more than one interview was obtained from the same household by different interviewers, all such interviews but one were excluded for analysis. There were other situations which also warranted deletion. The address listed for the given interview might be outside the South Bay area; the interview might contain too many unanswered questions; or the interview might have been done by someone who failed to continue on his/her work. The general rule was to exclude an interview of doubtful quality even if the total sample size was to suffer considerable attrition. As it turned out, after these eliminations, only 410 cases were used for statistical processing and analysis.* Thus, the results for the present report are all based on the information provided by these 410 respondents. These 410 cases were then coded on scanner forms and directly loaded onto the computer system in order to reduce keypunching errors.

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* See Classified Index of Industries and Occupations, Bureau of the Census, for details concerning these occupational codes. However, some of these coding assignments involve subjective judgments made by the researchers as occupations peculiar to the Samoan culture that might not be equally applicable to American occupations.

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* Each interview protocol was identified by means of a unique identification code, so that the respondent's identity, and address, would be protected.

## RESULTS

The results reported here, in most cases, are based on percentage distributions of the variables measured by the questionnaire.* Wherever appropriate, the results are reported in different formats to convey to the readers a better understanding of the Samoan community.** In general, the findings are classified into two sections: Part I deals with the general characteristics of the Samoan community in South Bay area, and Part II probes into the various aspects of community needs. The data in both parts are based on two types of information given by the respondents: those pertaining to the respondents themselves, and those pertaining to other members of the community. The latter include such items as general information on respondents' households, community problems as perceived by the respondents, and the needs of those elderly Samoans whom the respondents are acquainted with.

### (I) GENERAL CHARACTERISTICS OF THE COMMUNITY

The results of Part I pertain to the general conditions of the Samoan community. Information such as age and sex distributions of the sample population, education, occupation and income level of the people, and their immigration history, etc., constitute the basic parameters for any adequate understanding of the Samoan community. Furthermore, without this information it is quite impossible to have any meaningful discussion regarding the needs of the community.

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* For the sake of clarity, only highlights of the findings are discussed in the present context. Readers are referred to the appropriately numbered tables in the Appendix for detailed information.

** In tabulating the results, one should note that there are two types of response patterns in the interview schedule: The first type is when the respondents may legitimately supply only one answer to a given item, such as the "yes/no type"; in the second case, the respondents may give as many answers as are applicable to the question. Thus, in the latter case, the total answers applicable to the given question usually do not correspond to the total number of respondents. Whenever possible, these latter type of results are reported in terms of absolute frequencies rather than percentage.

These results are classified into two sections: first, characteristics such as age, sex, and marital status of household members; and second, other characteristics such as occupation, income, and religious affiliations of the respondents and/or their households.

## (A) Household Characteristics*

It should be noted that there are 410 households, and not families, represented in the present study. Each respondent represents a distinct household as identified by a unique address.** This is consistent with standard procedures as practiced by the U.S. Census. A household is defined as those people who live at the same address at the time of the interview. Thus, a household may not be the same as a family. The household includes only those people living at the listed address--such as a house or an apartment unit--whereas a family is composed of people who are related by blood or marital bonds. While most family members tend to live together under one roof, it is not uncommon for them to live separately especially when the children are grown up. On the other hand, a household may also include people who are not related to the family at all, such as boarders.

The advantages of adopting the household, instead of the family, as the unit of measurement are twofold: First, the household defines a clearly identifiable group of people, namely those who live in the same residential unit.

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* The result discussed in this section pertain to the members of the 410 households. Therefore, the sample base is about 2,400 and not 410.

** However, the 410 respondents may not all be heads of households as conventionally defined. See the section on sampling.

The contrary strategy of identifying family members could theoretically lead to infinite regress--certainly a cumbersome task to deal with--since the Samoans in South Bay tend to be related to each other either by blood or marriage. Second, by following the Census procedures, it becomes possible to compare household compositions of the Samoan community with those of other population groups.

(1) Household size. As shown in Table 1, the results indicate that the average size of the 410 households is six. These households range in size from one member (n=7) to over twelve (n=8), but most (76%) have three to eight members.

(2) Household composition. Of the 2,426 people included in the sample households,* 80% are members of respondents' immediate families (Table 2). This figure can be broken down as follows: 410 (16.9%) of the household members are the respondents themselves, 332 (13.7%) are their spouses, 618 (25.5%) are their sons, and another 570 (23.5%) are their daughters. However, of the remainder, only 2 members are not related to the respondents at all. In other words, 20% of the household members, while not within the immediate family of the respondents, nonetheless are their relatives. Frequently, these relatives are: grandchildren (n=84), brothers (n=55) or sisters (n=56), nephews (n=59) or nieces (n=43). And since the average household size is six, it can be assumed that there is at least one relative living with a respondent's immediate family in a typical household. These results seem to support the notion that the Samoans welcome their relatives living with them. However, it may also be a matter of economic necessity that relatives find it more advantageous to live together rather than separately.

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* The total number of the 410 household members does not amount to 2,460, because among those seven households which have more than twelve members, only the oldest twelve members are included for data analysis.

(3) Age and sex structures. Several salient points can be observed from the results. First, the sex ratio of the household members is 101 to 100, in favor of the males (Table 3). In terms of age distribution, it is apparent that the present sample is a very young group (Table 4). Their mean age is 21.8, but their median age is only 16 years old. Whereas 60% of the household members are under 21 years of age, only 3.5% are over 60 years old. Thus it may be suggested that about half of the Samoans are still economically dependent on their parents and therefore are not in the labor force.

(4) Educational attainment. Among those household members over six years old and therefore eligible for schooling (n=1,975), 44.9% have finished grade school or less, but only 6.4% have gone to college or beyond (Table 5). It can also be inferred from the results that the median educational level of household members is about eight years of schooling. Compared to the U.S. population as a whole, the Samoans can be considered seriously over-represented in the lower education attainment categories, and under-represented at the higher levels.

(5) Marital characteristics. Of the household members who are over 18 years old (n=1,115), 71.6% are married, 20.4% remain single (never married), 4.9% are widowed, and only a small total of 3.0% are either divorced or separated from their spouses (Table 6). Furthermore, among those ever married (n=887), 95.0% married another Samoan (Table 7). These results suggest the following points regarding the marital situation among Samoans: The high percentage of those Samoans who are married, in contrast to the relatively

low percentage of those who are single, suggest that Samoans prefer being married. This tendency may be due to the success of the Christian emphasis on the virtues of the marriage institution. The relative absence of marital breakups (3.0%) may also indicate the strength of the marital institution among the Samoans. Furthermore, ethnic elements may also be involved because they almost exclusively marry within their own group. Such intraracial marriages also seem to suggest the strength of ethnic cohesion among the Samoans. All together, these results indicate an extremely high degree of marital stability and family solidarity within the Samoan community.

## (B) Socioeconomic Characteristics

(1) Occupational structures. Among the 410 respondents, more than half (n=219) were employed, while 89 respondents were unemployed (Table 8). The remaining respondents were housewives, students, retired, disabled, etc., and therefore may be excluded from labor force considerations.* This means that of the 308 respondents in the labor force, the unemployment rate was a high 29%. A closer look at the results further reveals that among the 89 unemployed, 46.7% had stopped looking for jobs (Table 9).

Those who were employed tend to be concentrated in selected occupations. In terms of the occupational categories adopted by the U.S. Census,** 19.5% of the employed respondents were craftsmen, 23.2% were machine operators, 20.9%

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* Note that it was possible for the respondent to provide more than one answer for this question. Thus, a respondent could be, say, both a housewife and unemployed.

** See "Classified Index of Industries and Occupations," 1970 Census of Population, Bureau of the Census. However, it should be noted that some of those "occupations" reported by the respondents, such as chiefs, artists and entertainers, ministers, plantation workers, etc., are not strictly comparable to the occupations as found in the United States.

were service workers, and another 16.4% were clerical workers (Table 10). Together, these four categories constitute 80% of all reported occupations. This means that the Samoans are predominantly engaged in blue-collar, service or clerical jobs, and under-represented in the professional or managerial occupations. These results indicate that even the economically productive are mostly engaged in lower-income occupations.

(2) Income structure. Of all the commonly used socioeconomic indicators, probably the most important yet also most sensitive is household income. It is oftentimes misleading to just look at gross family income without consideration of other relevant factors. One of the factors most frequently ignored is the number of income earners in the household, but specific sources of income, household size, etc., could also be significant.

The results show that the median income* of the 410 households is about $840.00 per month** for a family of six (Table 11). This is equivalent to a median household income of about $10,000 a year. On first look, this seems to be an impressive figure.*** But the data also indicate that whereas 38.7% of the households have one income-earner, 61.3% of the households have at least two people earning income (Table 12). Specifically, 40.2% of the households have two income-earners. Most of the income-earners of these households are members of the respondents' immediate family (Table 13): respondents (36.8%), the spouses (29.7%), and their children (14.2%). Together, they amount to 80.9% of all income earners. Another way to look at it is that 66.5%, or two-thirds, of all income-earners are either the respondents or their spouses. Thus it would be more correct to say that the typical Samoan household has multiple income-earners, and that typically the respondent and his/her spouse contribute jointly to the total household income.

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* It should be noted that because the Samoans do not distinguish income from salaries or wages and income from government benefits, all these incomes are subsumed under one general category.

** Unlike most other social surveys, it was fortunate that most respondents were cooperative in providing income information. But, according to informed community persons, Samoans would more likely than not overstate their incomes as a matter of pride.

*** The cutoff point for the poverty level of a non-farm family of six persons in 1975 was only $7,316 per year. However, this figure did not take into consideration the number of income-earners in the household, sources of income, nor cost of living in metropolitan areas. For details, see "Money income and poverty status of families and persons in the United States: 1975 and 1964 revisions" and "Characteristics of the population below the poverty level: 1974," Current Population Reports (P-60, #102 and #103).

Furthermore, 68.5% of the households have only one source of income, but 31.5% of them have multiple sources (Table 14). In other words, almost one-third of the households depend on more than a single income source. The results indicate also that the source of income for 62.7% of the cases is in terms of salaried wages (Table 15). But it is significant to note that 16% of all income sources are welfare payments, and another 17% are either social security or pension. Thus almost one-third of all income sources are paid to the economically dependent.*

In sum, if all these relevant factors are considered, the results on the income structure of the Samoan households would indicate that the Samoans may well be living below the poverty level as officially defined.** This interpretation gains even more credibility if one considers that the average household size is six, and that the median age of the household members is about sixteen.

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* Again, Samoans would more likely than not under-report their welfare payments. Thus, the total incomes paid to the economically dependent relative to salaries and wages may be substantially higher.

** This may be even more so if sampling bias of the survey is considered, as the Samoans living in Compton and Wilmington, who on the average are poorer than Carson residents, were not as densely sampled.

(3) Mobility pattern. The present results support the hypothesis that immigrants are generally low on the socioeconomic ladder. The low income, educational, and occupational achievements of the Samoans correspond to their immigrant status. Among the respondents, 95% originally came from both Samoas, and only 5% were born in the United States (Table 16). Furthermore, a large majority of them migrated during recent years. Of those who migrated, about 8% came to the United States before 1950, 37% came between 1951 and 1965, and 55% came since 1966 (Table 17). In other words, more than half of the respondents came to the United States during the past ten years, and 90% came since 1951. The age of the respondents does not seem significant in this regard, because this pattern of migration also holds true for their parents who ever migrated. Forty-seven percent of those parents came during the last decade, and altogether 90% of them came since 1951 (Table 18).*

In terms of their lifetime residence, 74% of the respondents said that they had spent most of their lives in Samoa (Table 19). In contrast, only 15% indicated South Bay area as their lifetime residence. Furthermore, 72% of the respondents indicated that the size of their place of residence was quite small---it was either a small town or village (Table 20). On the other hand, 21% had lived in metropolitan areas most of their lives.

This pattern of rural background among the Samoans is even more striking when one considers the parents of these respondents. Forty-six percent of those parents still living are in Samoa (Table 21). And according to the respondents, 96% of their parents livedin Samoa for most of their lives (Table 22).

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* Editor's note: Table 18 has been purposely omitted from the final edition of the report.

Thus, for all practical purposes, one might suggest that the respondents have rural backgrounds similar to those of their parents.

The results also suggest that the respondents were recent settlers in the Samoan community in South Bay area. About two-thirds (67.7%) of the respondents had lived in their present homes for no more than three years, and about one-third (31%) had lived there for less than a year (Table 23). Also, 40% of the respondents either owned or were buying their housing units, while 60% were paying rents (Table 24). On the other hand, most of them did not change their residence once they had settled in the community. During the past five years, 30% of the respondents did not move at all, and fully 90% had moved only three times or less (Table 25). These findings--their recent settlement in South Bay and their tendency to remain in the same place once they are settled--taken together suggest that the Samoans are not mobile people. On the other hand, it might also indicate that their freedom of mobility is restricted on account of economic conditions.

(4) Language. It is often the case that proficiency in the English language, or lack of it, has important bearings on the socioeconomic conditions of immigrant groups. It is therefore significant to consider the extent of the Samoans' proficiency in the English language. The results show that 85.4% of the respondents regard Samoan as their primary language, whereas only 12% consider English to be their native tongue (Table 26). To confirm that Samoan is indeed their predominant language, the respondents were asked which language they speak at home. The results, again, show that 86% speak Samoan, while only 13% speak English in their (Table 27).* It may be surmised that a large majority

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* Parenthetically, 71.6% of the respondents indicated that English is most often spoken among their children, and the corresponding figure for the Samoan language is only 28.4% (Table 27). Thus, it appears that while at home, the adults prefer to speak Samoan, but the children prefer to speak English. This could suggest some serious communication problems between the parents and their children, as is commonly the case among immigrant groups.

of the Samoans may not be fluent in English. On the other hand, it is also possible that a substantial number of Samoans are bilingual in both Samoan and English.

Further probing revealed that 92% of the respondents claimed that they could speak English, while only 8% said that they could not (Table 28). However, the issue here is how well the Samoans can speak English, not whether they can speak it or not. Therefore those who said they could speak English were further asked as a hypothetical situation if they would consider utilizing the services of a Samoan interpreter to help explain their medical problems to a doctor. Put in these terms, 43% of those respondents said they would, while 54% said they would not (Table 29). These results taken together indicate that 194 out of the 398 respondents, or about 48.5%, either could not speak English or were not fluent in it. Thus, it may be correct to say that about half of the Samoans suffer from language barriers, and consequently are unable to benefit from the opportunities that are available to them.

(5) Religious factors. The results also indicated that the Samoans are very religious people. A large majority (83.4%) of the respondents indicated that they attended religious services about once every week during the previous year (Table 30); 53.3% attended religious services even more often. Altogether, 94% of the respondents said they attended services at least two or three times a month. Aside from church attendance, which may be obligatory in the case of some religious denominations, an overwhelming 92.7% majority of the respondents also subjectively felt that religion is very important to them (Table 31).

In terms of denominational affiliations, close to 80% of the respondents are members of three major churches (Table 32): Congregational (43.4%), Mormon

(25.4%), and Catholic (10%). Other churches with Samoan memberships are: Methodist,* Pentecostal, Assembly of God, etc. However, when compared to the previous religious preferences of the respondents (Table 32), it appears that some churches have gained members at the expense of others. The Mormon and Pentecostal churches have gained some members, while the Congregational and Catholic churches have lost some. There were 232 respondents who identified themselves as members of the Congregational church in the past, while presently only 178 are members. The corresponding figures for the Catholic church are 54 and 41. On the other hand, the Mormon church increased its membership from 83 to 104, and the Pentecostal church also increased from 7 to 26. Thus, it would seem that the latter denominations are more successful in recruiting members than the others.

(6) Organizational membership. The results indicate that the Samoans are not actively involved in organizational activities. It is significant that 32% of the respondents did not mention any organizations of which they are members (Table 33). Among those who did (n=276), 66% of them belonged to only one organization. And typically the organization to which Samoans belong is the church. Fully 63.5% of all organizations mentioned by the respondents are the church or church-sponsored groups (Table 34). Participation in Samoan civic organizations, such as the Samoan Council or the Samoan Federation, seems low, only 3.6%.**

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* It is generally believed that there are more Methodists than Catholics in the Samoan community, but our survey did not bear this out. This discrepancy very possibly could be due to sampling biases of the survey.

** It is likely that participation in these civic organization is higher, since some of those answers presently hidden in the "others" category could be reclassified under this category.

Furthermore, most of the organizational participants are members rather than office holders. Specifically, 81% of them are members, while only 19% have positions of responsibility in these organizations (Table 35). On the other hand, Samoans seem to be willing to support their organizations. A large majority (85.4%) of these members paid dues to their organizations, while only 14.6% did not (Table 36).

## (II) NEEDS OF THE SAMOAN COMMUNITY

In Part I the main concern was to report on the socioeconomic characteristics of the sample respondents and their households. Here in Part II the primary objective is to describe the respondents' perceptions of, and knowledge about, various community needs and problems. These findings may be grouped into three sections: (A) The respondents' utilization of various medical services, (B) their perceptions of the Samoan community and its problems, and (C) the needs of the elderly in the community. Again, for the sake of clarity, only highlights of the findings will be presented in this report.

### (A) Medical Services

As a starting point, it can be stated that utilization of public services by minority groups may require that service agencies make special provisions in order to meet the needs of those clients. A model of service utilization for a minority population may prove useful here: First, the problem in question, whether it be mental health, crime, unemployment, etc., must be recognized by potential clients as a problem which needs treatment. Oftentimes, because of different cultural perceptions, the problem may not be recognized until it is too late. Next, it is important that the potential minority clients have some knowledge of the service agencies and of their locations. And, even if the clients are familiar with these agencies,they may still not be able to utilize these services if the agencies are located outside their range of physical accessibility. In other words, on account of these additional deterrents , it may be incumbent on the service providers to implement outreach programs. This becomes even more imperative if there are language barriers involved in service utilization. This model may be applied to the case of utilization of medical services by the Samoans.

Generally speaking, the results indicate that the 410 respondents appear to be more familiar with medical and dental services than mental health facilities. To begin with, most of the respondents do not seem to be aware of mental health problems in their community. While mental health has often been criticized as a vague concept, most observers would agree that depression, excessive drinking, or mental retardation are legitimate mental health concerns. However, 81% of the respondents did not know of any Samoans who exhibited these problems (Table 37).* Of these respondents, 56% did not know where to go to get help should they need such services, compared to 39% who did (Table 38). On the other hand, among those who knew about mental health problems, 78.7% did not know where to get help, and only 21.3% did (Table 39). Thus, it can be estimated that 62.5% of the respondents did not know where to go for mental health services.

In comparison, 63% of the respondents knew of hospitals or clinics that most Samoan go to for health care, while 35% did not (Table 40). Among the hospitals so identified, Harbor General is by far the best known among the Samoans as it was named by 199 respondents (Table 41). It is, in turn, followed by Kaiser (n=55), Carson Intercommunity Hospital (n=53), Martin Luther King (n=30), Long Beach Memorial (n=30), and Bay Harbor (n=23). Together, these six hospitals amount to 87% of all the responses listed and, except for Kaiser, they are all public hospitals. These hospitals, being the ones most utilized by the Samoans,could well be the focus for providing improved medical services to the Samoans. This is important because in terms of medical services, more respondents go to public health agencies rather than private facilities (Table 42). Specifically, public hospitals are often used by the Samoans (n=259), followed by public clinics (n=167), private doctors (n=149), private hospitals (n=98), private clinics (n=82), and folk healers (n=72).

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* It is significant to note that when asked about their community problems, the respondents voluntarily stated that drinking is one of their most serious community problems (see next section). Thus, the respondents apparently recognized drinking as a problem, but not as a mental health problem.

In terms of accessibility, the results show that the various medical facilities are located primarily within fifteen miles of the homes of the respondents (Table 43). This physical proximity is not surprising in view of their location in metropolitan Los Angeles, However, it is of interest to note that the respondents are more knowledgeable about the location of some types of health care facilities than others. Whereas over 90% of the respondents could identify the locations of hospitals, clinics, doctors, or dentists, three-quarters of them could not identify the locations of mental health service facilities, and one-third could not locate the folk healers either. Another salient finding is that the folk healers, in contrast to modern medical practitioners, appear to be predominantly located in the neighborhoods of the respondents. Among those respondents who knew where the folk healers are (n=263), 43% said they are located within walking distance, and 80% within 5 miles, of their homes.

Another important factor that has bearing on the utilization of health services is language. Language communication is important because the problem of overcoming procedural requirements to utilize services may well prove more difficult than geographical accessibility. A large majority of the respondents did not think that there were medical staff at various health care centers who could speak the Samoan language. Specifically, 80% of the respondents said that there was no bilingual staff for medical care services (Table 44); the corresponding figures for dental care and mental health are 89% and 66% respectively.* Of those who said there was no bilingual staff, 81.4% claimed that they did not have difficulties in talking to the medical personnel about their health problems while 18.4% did have difficulties (Table 45).** On the other hand, 90% of those respondents who affirmed the presence of bilingual staff at those health care centers found them to be helpful (Table 46). Thus it appears that the presence of bilingual staff would facilitate the delivery of these services to Samoans.

## (B) Respondents View Their Community

In every community the residents always have their own views about their community life. These ideas may be very clearly expressed, or they may be only vaguely felt by the members; they may be unique to the community, or they may be the same as the views of community outsiders. Especially in terms of the important problems that affect the community, the perceptions of community members may be very different from those of outsiders. Thus an effective strategy for understanding a community such as the Samoan one is to understand it from its own point of view.

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* Incidentally, it is again noteworthy that 26% of the respondents did not know where there are bilingual staff for mental health services.

** But in another context, 43% of the respondents said that they would utilize the services of a Samoan interpreter to help explain their medical problems to a doctor (Table 29).

(1) Community problems:

When the respondents were asked what the most serious problems in the Samoan community are, their answers ranged from employment, education, housing, or language barriers, to others such as Samoans not going to church, ripping off each other, or smoking (Table 47). In all, some sixty distinct community problems are mentioned. It appears that the most serious problems, in the sense that they are most frequently mentioned by the respondents, are: education (n=140), employment (n=131), language barriers (n=96), low income (n=49), problems in school (n=47), housing (n=46), drinking (n=47), etc. On the other hand, problems such as lack of motivation, adjusting to the American way of life, mental illness, discrimination, etc., are seldom mentioned by the respondents. Thus it appears that most of them are more concerned with concrete problems rather than abstract worries.

Furthermore, if these responses are collapsed into problem areas, it appears that the respondents are most concerned with problems that are related to lack of opportunities, such as education, employment, housing, language barriers, poverty, needs of the elderly people, etc. Problems of vice and crime are also salient in the minds of the respondents. A third group of problems concern teenagers, such as problems in school, runaways, generation gap, etc. On the other hand, problems of cultural conflicts, assimilation, or social organizations, etc., are seldom recognized by the respondents as serious.

(2) Teenager problems:

It is not uncommon among immigrant groups that their teenagers manifest most acutely the problems of adjustment to the American society. This is probably because the teenagers constantly find themselves suffering from cultural conflicts between traditional values and the American way of life. The results from the respondents indicate that, to them, youth problems are very serious in the Samoan community. However, when asked to compare these problems to those in the palagi (white) society, more respondents seem to think that the latter are more serious (Table 48): 52% of the respondents said that teenager problems in the Samoan community are about the same as among the palagis; 31% said they are less serious, and only 10% said they are more serious. Most respondents (57%) also believed that these teenager problems are equally applicable to boys and girls (Table 49), but 25% said they are more applicable to boys while 13% said they are more applicable to girls.

Among the teenager problems identified by the respondents (Table 50), problems in school are the most frequently mentioned (n=327). Others are: problems at home (n=271), alcohol abuse (n=241), runaways (n=216), drug abuse (n=180), delinquencies (n=166), and problems related to sex (n=111). This it would appear that most of the teenager problems are either in the school or at home. The high frequency of runaway incidents, together with low emphasis on sex problems, among Samoan teenagers is particularly noteworthy.

The terms of strategies of resolving these teenager problems, the respondents appear to believe that it is best to do so through the two strongest social institutions in the Samoan community: the church and the family (Table 51). Church-sponsored activities (n=299) are most frequently identified by the respondents, followed closely by family discipline (n=268). Other means of solution do not seem as important:* government social programs (n=173), counseling services (n=168), and Samoan civic organizations (n=149). It is also noteworthy that the respondents attach low significance to peer group influence (n=38) in solving teenager problems. These results indicate that the majority of the respondents prefer to solve their teenager problems through their own community efforts rather than from outside help. On the other hand, their attitude might be related to the lack of social programs organized for the needs of Samoan teenagers. Seventy percent of the respondents did not think that there are such programs, while only 16% thought so (Table 52).

(3) Community assets:

The respondents' emphasis on community self-help in solving their community problems is further reflected by their answers when they were asked what are the most valuable assets of the Samoan community. Just as Samoans have their own views on problems in the Samoan community, they have some ideas about the strengths in their community also. And by finding out what these strengths are, it may be possible to chart an effective strategy to solve those community problems.

Altogether, more than twenty different community strengths are identified by the respondents (Table 53). Again, the church is most frequently considered a valuable asset of the Samoan community (n=327). Others frequently mentioned are: family ties (n=136), Samoan customs and culture in general (n=127), sports activities (n=61), Samoan civic organizations (n=49), and family discipline (n=21). If these items are grouped into major categories, the church still appears to be the strongest institution in the Samoan community. Samoan culture and values (n=174) and the kinship system (n=168) are also very important. In contrast, Samoan organizations (n=63), sports (n=61), Samoan enterprises (n=18), social activities (n=15), etc., do not seem as important. Thus it appears that the church, the extended family, and cultural tradition are the primary assets of the Samoan community. This findings seems consistent with the other results.

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* However, the Samoan Community Center in Carson is a notable exception. It is staffed by Samoan community workers who are also chiefs or ministers, and therefore can provide effective linkages to both the government agencies and the Samoan community.

By matching the community strengths against the community problems (Table 47, 53), one can examine whether the characteristics of the community enable it to cope with the problems. In this case, it is plausible to think that the Samoan community would be hard pressed to solve its own problems. As indicated previously, the most serious problems of the Samoan community are primarily their lack of opportunities vis-a-vis the American society. While the church, kinship system, old customs, sports, civil organizations, etc., are functional in uniting the Samoans and in providing mutual support to meet their needs, their influences are mostly confined to the Samoan community itself. In other words, they can contribute only marginally in helping Samoans to seek employment in the outside society, raise living standards, overcome language barriers, remedy school problems, or communicate with outsiders. One might even conjecture that, in this sense, these community assets are quite irrelevant towards resolving those problems.

Furthermore, since most of the community problems stem from the fact that Samoans are recent immigrants and lack the necessary skills for successful adjustment to their new society, and are not due to any faults of their own, if the Samoan community itself cannot provide adequate mechanisms to cope with them, then it is logical to consider what alternatives are available. Again, it is helpful to study what the respondents say about efforts in solving their community problems. Two remarks are most typical among the respondents: "Don't know" and "Nothing has been done."* Thus, it appears that either very few efforts have been invested to deal with those problems, or else the respondents are not aware of them.

### (4) Sources of help

Another way to find out how the Samoans deal with their problems is to ask the respondents to whom they would go in case they need help. It may be taken for granted that most people at one time or another need help from other people for one thing or another, such as financial matters, advice, or mutual care. In general, the results indicate that the respondents are most likely to go to their relatives, but least likely to go to their fellow workers, for help. Specifically, in terms of financial matters (Table 54), their sources of help are in the following order: relatives (n=312), friends (n=179), social workers or government agencies (n=173), their ministers (n=118), coworkers, (n=43), and neighbors (n=32). But in terms of seeking advice, the respondents prefer to go to their ministers (n=297), relatives (n=296), or friends (n=242), instead of their neighbors (n=68), fellow workers (n=46), or social workers (n=45). The corresponding figures for mutual helping and care: relatives (n=292), friends (n=194), neighbors (n=124), ministers (n=117), social workers (n=65), and coworkers (n=25). Considered as a whole, these results show that, regardless of the type of help, the respondents always go to their relatives first. This finding supports the notion that among the Samoans the primary source of mutual support is the kinship system. Friends are also frequently sought out by the respondents regardless of the nature of need concerned, whereas their fellow workers are correspondingly ignored. But of particular interest are the roles of the ministers, the neighbors, and the social workers. The ministers are most important for offering advice to the respondents, thus indicating the respect the latter have for them. The neighbors are relatively important only in the case of mutual care, but are not sought out otherwise. Similarly, the social workers are instrumental to the respondents on financial matters only.

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* This was the only question in the interview schedule in which the answers were too cumbersome to be coded. Thus, no statistical results are provided in this report.

It has already been observed that outside sources of help may be necessary to help the Samoan community deal with its own problems. One of the most important sources, of course, is government agencies. When the respondents were asked if they had ever gone to government agencies for help, the results show that 62% never approached these agencies, but 38% did (Table 55). Furthermore, among the latter group, 59% of those respondents received help from the agencies, 21% were refused services, and another 20% did not follow up on their inquiries. In other words, only 22% among all respondents requested and received help from the government agencies, while the other 78% did not receive help from them for various reasons.

The results so far have consistently indicated that the respondents as a whole appear to be reluctant to approach the government agencies to help solve their problems. The majority of the respondents would shy away from these agencies with regard to their community problems. In dealing with their teenagers, they would prefer to rely on their church or family disciplines rather than on the government's social programs. Even when it comes to their own needs, the respondents would resort to government agencies only on financial matters. While this reluctance may be due to their sense of community self-help, it is also possible that the government programs are not perceived by Samoans as being useful to them. As is often the case, the government, in designing social programs for the population it serves, may not be able to tailor the programs to fit the needs of ethnic minorities. Hence it may be worthwhile to examine the major shortcomings of these programs for the Samoan community as viewed by the respondents (Table 56). The results show that the main weakness of these programs is poor outreach effort to the Samoan population (n=159). Other factors cited by the respondents are low representation in staffing Samoans within these programs (n=77), insensitivity to their distinctive needs and cultural traditions (n=72), lack of funding monies for these programs (n=60), bureaucratic red tape (n=44), and lack of services provisions (n=32). On the other hand, only seven respondents cited prejudice as a weakness of these government programs. Thus it appears that most of the weaknesses of these programs are not felt to be a matter of manifest discrimination against the Samoans. Rather, the respondents feel that the government agencies have not made appropriate efforts to deliver the services according to their needs. As such, it may be considered another instance of government benign neglect towards a silent minority group.

### (C) Needs of the Elderly Samoans

Generally speaking, most people are beginning to recognize that the elderly population in the United States is relatively helpless and deserving of particular attention. Therefore it is of interest to examine the conditions of the elderly in the Samoan community.* The survey results on the Samoan elderly can be classified into two sub-sections: (1) the attitudes of the respondents on aging issues, and (2) specific conditions of the elderly Samoans in the community.

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* In this report, an elderly person is defined as one who is at least 65 years old. Accordingly, only about 2.1% of the sample household members are considered elderly. In this sense, the size of the elderly population in the Samoan community may be fairly small.

(1) Elderly issues. There are two major issues that were examined: How receptive are the respondents towards their elderly parents or relatives, and how do they plan for their own retirement? In terms of the first issue, the results show that it is practically inconceivable of the respondents not to take care of their elderly parents. An overwhelming 96% of the respondents said they would have their parents live with them when the latter became old and unable to provide for themselves, and 87% said they would provide for their dependent parents under all circumstances (Table 57). Their attitudes toward their helpless elderly relatives are similar: 96% of them would welcome the latter to live with them, and only 2% would refuse to help them (Table 58). The attitudes of the respondents toward their elders are further reflected by the absence of elderly Samoans in nursing homes or retirment houses. The results show that 97% of the respondents do not have their parents or relatives housed in those places (Table 59).

Among the respondents themselves, 48% have retirement plans*, while 52% do not (Table 60). This may suggest that the respondents are not seriously worried about their future upon retirement. The retirement plans (Table 61) are most frequently in the form of social security (n=145) or retirement pensions (n=142)--plans which are guaranteed them on the basis of their employment--rather than insurance policies (n=36), business interests (n=18), or support from relatives (n=16). Also, during their old age (Table 62), most of these respondents hope to live with either their spouse (n=137) or their children (n=117), instead of living by themselves (n=36), with other relatives (n=19), or with other old people (n=5). All in all, these results indicate that just as they are willing to provide for their elders, the respondents do not seem to be overly concerned about their old age prospects either.

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* According to informed community sources, Samoans may believe that state disability insurance (SDI), unemployment benefits, etc., are forms of retirement benefits whereas actually they offer only temporary relief. Therefore, the 48% cited above may be higher than the actual case.

(2) Conditions of the elderly Samoans.* Overall, the results of this subsection indicate that the elderly people in the Samoan community are quite adequately provided for during their old age. The Samoan people's reverence for old age and their strong family ties undoubtedly contribute to this situation. However, it should be cautioned that this is achieved at the expense of some hidden costs to the Samoan community as a whole, such as overcrowded homes, higher family expenditures, or the attention on the part of household members needed to take care of elderly persons.

According to the results, 84% of the elderly Samoans visit their friends or relatives at least a few times a month, 64% of them even several times a week (Table 63). Conversely, 93% of their relatives visit them several times every month, and 77% visit them at least a few times each week (Table 64). This suggests that Samoan elderly persons have frequent social gatherings with their relatives or friends. Furthermore, most of their friends or relatives live fairly close to them: 71% of the elderly Samoans have most of their friends or relatives living within a five-mile distance from them (Table 65).

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* The results of this subsection are based on information provided by 124 respondents who knew about the conditions of elderly Samoans, or are over 65 years old themselves. Since the sample size in this case is fairly small, the findings reported here are only tentative. Out of all respondents, 37 have elderly parents or relatives living in their households, 52 have elderly relatives living in the community, 17 have elderly friends, and another 18 respondents are themselves elderly Samoans. On the other hand, 35 of these elderly Samoans are parents of the respondents, 52 are relatives, and another 12 are friends.

Not only are they easily accessible, they are also willing to provide help to the elderly whenever needed: 78.5% of the friends or relatives are generally available for shopping, recreational activities, or financial help, and only 11.6% are not (Table 66).

In addition to frequent social visits with their relatives or friends, the elderly persons also appear to engage themselves leisurely at home (Table 67). Their predominant leisure activities are watching television or movies (n=92), reading (n=88), visiting friends or relatives (n=76), and helping out in the house (n=73). Religion also seems to be very important to them (Table 68), since the primary source for them to make friends is through religious activities (n=112), followed by Samoan civic organizations (n=63), neighborhood people (n=48), social activities (n=33), and work relations (n=12).

It was already indicated that the respondents prefer to live with their spouse or children when they become old, instead of living by themselves or in retirement homes. Similarly, these elderly people also would prefer to live with their children (n=94), their spouse (n=55), or relatives (n=47), rather than living by themselves (n=11) or with other old people (Table 69). And if they are not living by themselves or with their spouse, most of the time it is because their children want them to live with them (n=56), or it is against Samoan customs to do so (n=39), or due to language barriers (n=29). Similarly, 88% of the respondents do not think that these elderly persons would be better off living in retirement homes (Table 70). Among the reasons cited, the most frequent ones are: (1) they would be more comfortable if they stay at home, (ii) the children want to take good care of them, or (iii) it is not the right thing to do according to Samoan customs. In short, the results indicate not only that the elderly Samoans would prefer staying at home with their family, but also that their children want them to do so.

In terms of various needs, these elderly Samoans seem to fare quite well in some respects, but less well in others. According to the respondents, 83% of these elderly people are eligible for either social security, pensions, or public welfare (Table 71), and 75% of those eligible do not have difficulties in receiving these benefits (Table 72). On the other hand, the elderly Samoans appear to have some problems with their dietary needs: 38% of them cannot get proper diets (Table 73), and 83% believe that there are no nutritional programs for the elderly people in their community (Table 74).* Thus, it may not be surprising that 40% of the elderly Samoans complain about missing the kind of food they would like to have (Table 75).

The results also indicate that the elderly seem to be adequately protected by health plans. About four-fifths of them, 79%, are covered by either Medicare or Medi-Cal (Table 76). And although 15% of them are not covered by either plan at all, another 23% carry additional health insurance (Table 77). Thus, 80% of these elderly Samoans are able to have their medical or dental needs filled, but 17% are not (Table 78). On the other hand, 44% have to pay for physical aids, such as glasses, dentures, hearing aids, etc., while only 27% are able to get them free from government agencies or hospitals (Table 79).**

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* However, according to informed community workers, nutritional programs for the elderly people have been in operation during the past three years in Carson, Compton, Wilmington, and Harbor City. This is another instance in which the Samoans are not made aware of service provisions by public agencies.

** If these Samoans are covered under Medicare or Medi-Cal, they should be able to obtain the physical aids free of charge. Thus, there might be some other factors involved that account for this apparent discrepancy.

Glasses and dentures are more commonly needed among these elderly people than hearing aids or body braces; similarly, glasses and dentures are also most often used (Table 80). But regardless of the type of physical aids, about an additional one-quarter of these elderly people would use them if they were available free of charge.

# DISCUSSION

Since the main objective of the present study is to fill in the information gap on the Samoan community in the United States, it is important that the issues raised by the findings be discussed here. In the introduction, we pointed out that the Samoans are one of those minority groups most severely neglected by the American society. We cited several factors to account for their limbo status. The results of this study have now documented that this is an extremely recent immigrant group, with large family size, low socioeconomic statuses, but strong religious values; that the essential social institutions of the Samoan community are in the gradual process of emergent development; and that their preferred mode of problem-solving is to rely on community leaders or by means of mutual help, rather than on resources from outside their community. In short, it is our impression that this is a group proud of their heritage, and is quietly establishing itself in the American society through honest work and hard efforts. However, it is also our contention that the results of the study indicate that the problems presently existing in the Samoan community deserve to be seriously dealt with by both Samoans and government people alike. This position will be developed in the rest of this discussion.

First of all, the results of the study show that there are some very serious problems in the Samoan community. Notable among them are large household size and crowded homes; over-representation of young and economically dependent persons in the population; low achievements of socioeconomic statuses in terms of education, occupation, and income; a history of recent immigration and the corresponding problems of adjusting to a radically different social milieu; teenager problems in the schools and at homes; and so forth. While there are obviously a number of causes for these problems, one major thread that appears to be common to them all is the status of the Samoans as recent immigrants. Because of the differences in socio-cultural conditions between Samoa and the United States, what was functional in the home society may no longer be effective under the new conditions in mainland United States. Seen from this perspective, it is clear that many of these community problems are not due to the faults of individuals, nor deliberate oppression of the American society towards the Samoans as a minority group. Rather, it is more a matter of socio-cultural incongruity between what the Samoan immigrants brought along from their home society and what they need if they are to succeed in their host society.

Since the most serious problems confronting the Samoan community are what may be termed deprivation of opportunities within the American society, the Samoan community itself may not be able to handle these problems. This is because its valuable resources are neither quite relevant, nor are they adequate, to solving these problems. The major social institutions in the Samoan community, such as the extended family and the church networks, are effective in providing mutual care and moral support among their members, but are not capable of generating new resources to meet the needs of community members vis-a-vis the American society. On the other hand, organizations such as the Samoan Council, the Samoan Federation, and business associations, which are capable of developing new resources for the community, are not yet popularly supported by community members. Analytically, this means that whereas the bulk of the community's problems arise out of the member's inevitable contacts with the wider society, community resources are not quite appropriate to permit members of the community to capitalize on the opportunities available in the mainstream society. In this sense, a steady growth of the community's population, especially in terms of recent immigrants and dependent persons, will definitely further aggravate the seriousness of these problems as well as the community's ability to accommodate them accordingly.

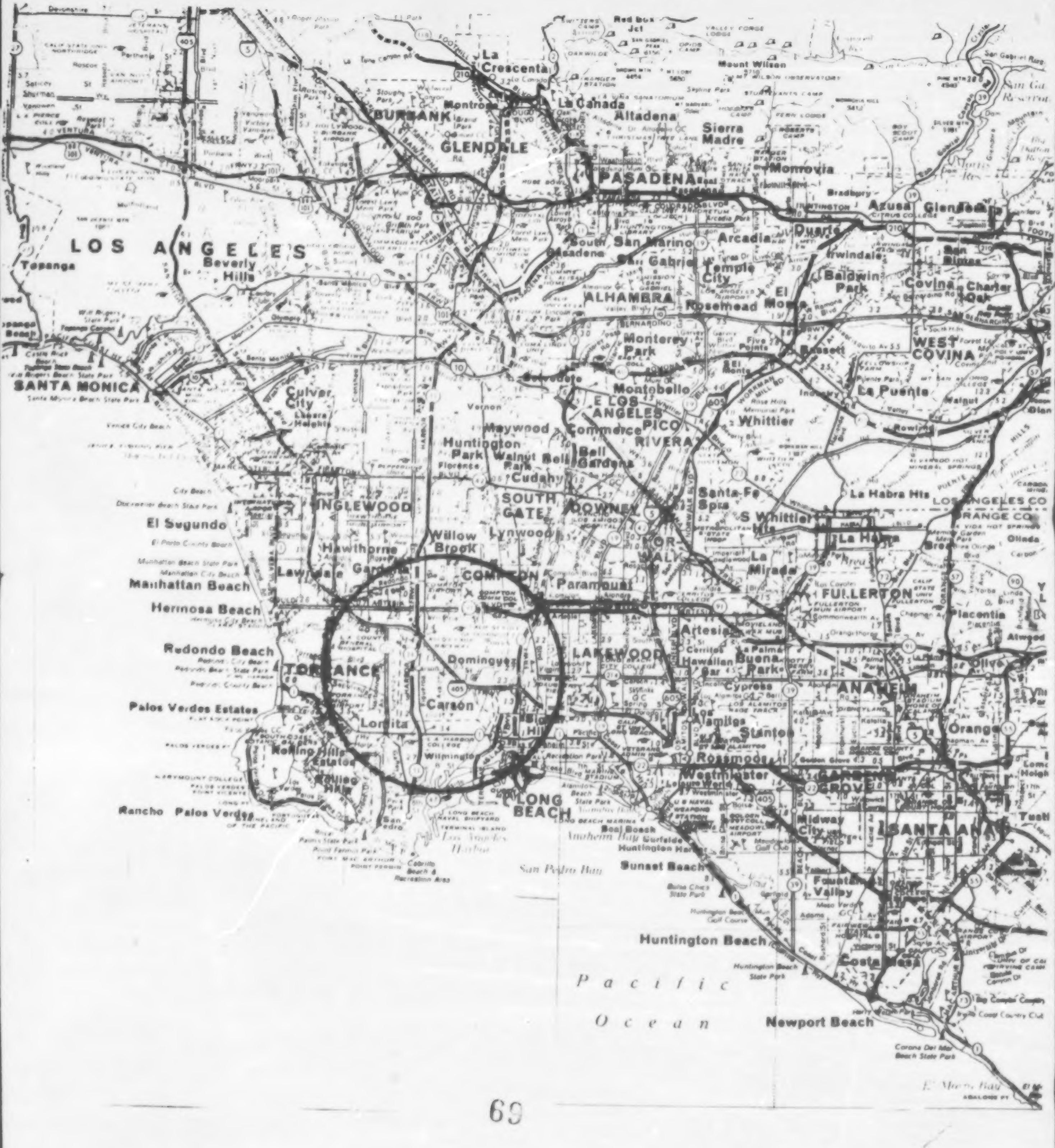
As a neglected minority group, the needs of the Samoans are not met by government programs that are designed to benefit most Americans. Indeed, since the Samoans came from a different sociocultural background and have different specific needs, the programs that are responsive to the general public do not in general benefit the Samoans. An example of this is the language barrier. Since the Samoans are by and large recent immigrants and thereby impeded by their proficiency in the English language, they are not able to utilize the services of standard programs geared to the public, such as manpower development, career counseling, Head Start, public welfare, etc. It follows that either language programsshould be specifically designed for the Samoans, or the various programs better staffed with Samoans bilingual workers so that they can be utilized by the Samoans. Another distinctive need of the Samoan community is related to the conditions of the elderly Samoans. While the results appear to show that the elderly persons are quite comfortably taken care of within the Samoan community, other evidence also indicates that the hidden costs involved are borne by the Samoan community at large. We found out that the Samoan elderly would rather not, nor would their family members like them to, depend on public care. However, this implies that public monies that would otherwise be filtered into the Samoan community are now withhheld from it simply because they are not requested; on the other hand, Samoan resources that could be utilized for other worthwhile purposes are now obligated to taking care of their elderly. By the same token, other serious needs of the Samoan community, such as occupational opportunities, decent housing conditions, and the like, are not adequately provided for by government programs mainly because the Samoan community is shouldering the bulk of the burden itself.

We think this is a regrettable situation. The Samoans should approach government agencies to seek outside resources and claim their legitimate benefits. Being a minority group, if the Samoans do not make their needs known, chances are that they will continue to be ignored.

Government program planners have been complacent in designing programs for the needs of the Samoans. But in light of the findings of this study, we urge those in government to assume more responsibilities to help the Samoans help themselves. The Samoans strike us as a viable self-reliant group with a strong sense of ethnic cohesion. But it is also clear to us that the Samoans will not be able to take care of their community's problems simply by pooling together their limited resources, and they need outside help. We hope that their needs will no longer be neglected.

## APPENDIX A

## MAP OF THE LOS ANGELES AREA


La Crescenta
La Canada
Burbank
Montrose
Glendale
Altadena
Sierra Madre
Monrovia
Pasadena
Azusa
Glendora
Duarte
Los Angeles
Topanga
Beverly Hills
San Marino
Arcadia
South Pasadena
San Gabriel
Temple City
Irwindale
Baldwin Park
Covina
Charter Oak
Alhambra
Rosemead
El Monte
Santa Monica
Monterey Park
West Covina
Culver City
Montebello
Bassett
La Puente
E Los Angeles
Pico Rivera
Commerce
Whittier
Huntington Park
Maywood
Bell
Bell Gardens
Walnut Park
Cudahy
El Segundo
Inglewood
South Gate
Downey
Santa Fe Springs
S Whittier
La Habra Hts
Los Angeles Co
Orange Co
La Habra
Hawthorne
Willow Brook
Lynwood
Norwalk
La Mirada
Lawndale
Gardena
Compton
Paramount
Fullerton
Manhattan Beach
Hermosa Beach
Artesia
Placentia
Redondo Beach
Torrance
Dominguez
Lakewood
Buena Park
Carson
Cypress
Anaheim
Palos Verdes Estates
Lomita
Los Alamitos
Stanton
Orange
Rolling Hills Estates
Wilmington
Rossmoor
Rolling Hills
Westminster
Garden Grove
Rancho Palos Verdes
San Pedro
Long Beach
Seal Beach
Midway City
Santa Ana
Los Angeles Harbor
San Pedro Bay
Sunset Beach
Fountain Valley
Huntington Beach
Costa Mesa
Pacific Ocean
Newport Beach

## APPENDIX B

## TABLES OF RESULTS

**Table 1. Size of Respondents' Households**

Q: HOW MANY PEOPLE LIVE IN THIS HOUSEHOLD?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONE PERSON | 1. | 7 | 1.7 | 1.7 | 1.7 |
| TWO PERSONS | 2. | 19 | 4.6 | 4.6 | 6.3 |
| THREE PERSONS | 3. | 46 | 11.2 | 11.2 | 17.6 |
| FOUR PERSONS | 4. | 64 | 15.6 | 15.6 | 33.2 |
| FIVE PERSONS | 5. | 66 | 16.1 | 16.1 | 49.3 |
| SIX PERSONS | 6. | 50 | 12.2 | 12.2 | 61.5 |
| SEVEN PERSONS | 7. | 47 | 11.5 | 11.5 | 72.9 |
| EIGHT PERSONS | 8. | 39 | 9.5 | 9.5 | 82.4 |
| NINE PERSONS | 9. | 24 | 5.9 | 5.9 | 88.3 |
| TEN PERSONS | 10. | 27 | 6.6 | 6.6 | 94.9 |
| ELEVEN PERSONS | 11. | 8 | 2.0 | 2.0 | 96.8 |
| TWELVE PERSONS | 12. | 5 | 1.2 | 1.2 | 98.0 |
| THIRTEEN PERSONS | 13. | 5 | 1.2 | 1.2 | 99.3 |
| FIFTEEN PERSONS | 15. | 2 | 0.5 | 0.5 | 99.8 |
| TWENTY-ONE PERSONS | 21. | 1 | 0.2 | 0.2 | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 410 MISSING CASES 0

Table 2. Relationship of Household Members to the Respondents

Q: CAN YOU TELL ME HOW THEY'RE RELATED TO YOU?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| RESPONDENT | 1 | 410 | 16.9 | 100.0 |
| SPOUSEOF RESPONDENT | 2 | 332 | 13.7 | 81.0 |
| SON OF RESPONDENT | 3 | 618 | 25.5 | 150.7 |
| DAUGHTER OF RESPONDENT | 4 | 570 | 23.5 | 139.0 |
| SON-IN-LAW | 5 | 9 | 0.4 | 2.2 |
| DAUGHTER-IN-LAW | 6 | 8 | 0.3 | 2.0 |
| FATHER OF RESPONDENT | 7 | 26 | 1.1 | 6.3 |
| MOTHER OF RESPONDENT | 8 | 39 | 1.6 | 9.5 |
| FATHER-IN-LAW | 9 | 5 | 0.2 | 1.2 |
| MOTHER-IN-LAW | 10 | 10 | 0.4 | 2.4 |
| BROTHER | 11 | 55 | 2.3 | 13.4 |
| SISTER | 12 | 56 | 2.3 | 13.7 |
| BROTHER-IN-LAW | 13 | 17 | 0.7 | 4.1 |
| SISTER-IN-LAW | 14 | 15 | 0.6 | 3.7 |
| UNCLE | 15 | 5 | 0.2 | 1.2 |
| AUNT | 16 | 7 | 0.3 | 1.7 |
| UNCLE-IN-LAW | 17 | 1 | 0.0 | 0.2 |
| COUSIN | 19 | 30 | 1.2 | 7.3 |
| NEPHEW | 21 | 59 | 2.4 | 14.4 |
| NIECE | 22 | 43 | 1.8 | 10.5 |
| GRANDCHILD | 23 | 84 | 3.5 | 20.5 |
| GRANDFATHER | 24 | 1 | 0.0 | 0.2 |
| GRANDMOTHER | 25 | 9 | 0.4 | 2.2 |
| OTHER RELATIVES | 26 | 14 | 0.6 | 3.4 |
| NON-RELATIVES | 27 | 2 | 0.1 | 0.5 |
| TOTAL RESPONSES |  | 2425 | 100.0 | 591.5 |

0 MISSING CASES 410 VALID CASES

## Table 3. Sex Status of Household Members

Q: FOR THIS MEMBER OF THE HOUSEHOLD, WHAT IS HIS/HER SEX?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| MALE | 1 | 1219 | 50.2 | 297.3 |
| FEMALE | 2 | 1207 | 49.8 | 294.4 |
| TOTAL RESPONSES | | 2426 | 100.0 | 591.7 |

0 MISSING CASES 410 VALID CASES

## Table 4. Age of Household Members

Q: HOW OLD IS HE/SHE?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| 1 TO 5 YEARS OLD | 1 | 369 | 15.2 | 90.0 |
| 6 TO 10 YEARS OLD | 2 | 379 | 15.6 | 92.4 |
| 11 TO 15 YEARS OLD | 3 | 387 | 16.0 | 94.4 |
| 16 TO 20 YEARS OLD | 4 | 282 | 11.6 | 68.8 |
| 21 TO 25 YEARS | 5 | 207 | 8.5 | 50.5 |
| 26 TO 30 YEARS | 6 | 164 | 6.8 | 40.0 |
| 31 TO 35 YEARS | 7 | 131 | 5.4 | 32.0 |
| 36 TO 40 YEARS | 8 | 120 | 4.9 | 29.3 |
| 41 TO 45 YEARS | 9 | 110 | 4.5 | 26.8 |
| 46 TO 50 YEARS | 10 | 85 | 3.5 | 20.7 |
| 51 TO 55 YEARS | 11 | 58 | 2.4 | 14.1 |
| 56 TO 60 YEARS | 12 | 49 | 2.0 | 12.0 |
| 61 TO 65 YEARS | 13 | 35 | 1.4 | 8.5 |
| 66 TO 70 YEARS | 14 | 30 | 1.2 | 7.3 |
| 71 TO 75 YEARS | 15 | 9 | 0.4 | 2.2 |
| 76 YEARS OR OLDER | 16 | 11 | 0.5 | 2.7 |
| TOTAL RESPONSES | | 2426 | 100.0 | 591.7 |

0 MISSING CASES 410 VALID CASES

## Table 5. Educational Level of Household Members

Q: IN GENERAL, SOME PEOPLE HAVE MORE EDUCATION, AND SOME PEOPLE HAVE LESS. CAN YOU TELL ME HOW MUCH EDUCATION HE/SHE HAS?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| NO FORMAAL EDUCATION | 1 | 59 | 3.0 | 14.4 |
| FAIFEAU SCHOOL | 2 | 76 | 3.8 | 18.5 |
| SOME GRADE SCHOOL | 3 | 536 | 27.1 | 130.7 |
| FINISHED GRADE SCHOOL | 4 | 215 | 10.9 | 52.4 |
| SOME HIGH SCHOOL | 5 | 397 | 20.1 | 96.8 |
| HIGH SCHOOL DIPLOMA | 6 | 506 | 25.6 | 123.4 |
| TRADE SCHOOL | 7 | 59 | 3.0 | 14.4 |
| A.A. DEGREE | 8 | 66 | 3.3 | 16.1 |
| COLLEGE DEGREE | 9 | 55 | 2.8 | 13.4 |
| GRADUATE SCHOOL | 10 | 6 | 0.3 | 1.5 |
| | TOTAL RESPONSES | 1975 | 100.0 | 481.7 |

0 MISSING CASES 410 VALID CASES

## Table 6. Marital Status of Household Members

Q: WHAT IS HIS/HER CURRENT MARITAL STATUS?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| MARRIED | 1 | 798 | 71.6 | 195.1 |
| WIDOWED | 2 | 55 | 4.9 | 13.4 |
| DIVORCED | 3 | 18 | 1.6 | 4.4 |
| SEPARATED | 4 | 16 | 1.4 | 3.9 |
| SINGLE,OVER 18 | 5 | 228 | 20.4 | 55.7 |
| | TOTAL RESPONSES | 1115 | 100.0 | 272.6 |

1 MISSING CASES 409 VALID CASES

**Table 7. Ethnicity of the Spouse of Household Members**

Q: IF HE/SHE IS EVER MARRIED, TO WHOM IS (WAS) MARRIED?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| SAMOAN | 1 | 843 | 95.0 | 211.8 |
| ASIAN /PACIFIC ISLANDER | 2 | 8 | 0.9 | 2.0 |
| PALAGI /CAUCASIAN | 3 | 13 | 1.5 | 3.3 |
| BLACKS | 4 | 3 | 0.3 | 0.8 |
| MEXICAN | 5 | 4 | 0.5 | 1.0 |
| OTHERS | 7 | 16 | 1.8 | 4.0 |
| TOTAL RESPONSES | | 887 | 100.0 | 222.9 |

12 MISSING CASES 398 VALID CASES

**Table 8. Employment Status of the Respondents**

Q: WHAT ABOUT YOUR JOB? ARE YOU EMPLOYED, UNEMPLOYED, RETIRED, OR OTHER?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| WORKING NOW | 219 | 45.4 | 54.1 |
| UNEMPLOYED | 89 | 18.5 | 22.0 |
| RETIRED | 15 | 3.1 | 3.7 |
| STUDENT | 12 | 2.5 | 3.0 |
| HOUSEWIFE | 129 | 26.8 | 31.9 |
| DISABLED | 18 | 3.7 | 4.4 |
| TOTAL RESPONSES | 482 | 100.0 | 119.0 |

5 MISSING CASES 405 VALID CASES

Table 9. Job-Seeking Activity of Unemployed Respondents

Q: ARE YOU STILL LOOKING FOR A JOB?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 47 | 11.5 | 52.2 | 52.2 |
| NO | 2. | 42 | 10.2 | 46.7 | 98.9 |
| NO ANSWER | 8. | 1 | 0.2 | 1.1 | 100.0 |
| NOT APPBLE | 0. | 320 | 78.0 | MISSING | 100.0 |
|  |  | ------ | ------ | ------ |  |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 90 MISSING CASES 320

Table 10. Occupational Categories of Employed Respondents

Q: WHAT IS YOUR JOB CALLED?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| PROFESSIONAL | 1. | 11 | 2.7 | 5.0 | 5.0 |
| MANAGERIAL | 2. | 2 | 0.5 | 0.9 | 5.9 |
| SALESWORKERS | 3. | 1 | 0.2 | 0.5 | 6.4 |
| CLERICAL ETC | 4. | 36 | 8.8 | 16.4 | 22.7 |
| CRAFTSMEN ETC | 5. | 43 | 10.5 | 19.5 | 42.3 |
| OPERATIVES ETC | 6. | 51 | 12.4 | 23.2 | 65.5 |
| TRANSPORT OPERATIVES | 7. | 6 | 1.5 | 2.7 | 68.2 |
| LABORERS | 8. | 13 | 3.2 | 5.9 | 74.1 |
| SERVICE WORKERS | 10. | 46 | 11.2 | 20.9 | 95.0 |
| OTHERS | 11. | 11 | 2.7 | 5.0 | 100.0 |
| NOT APPBLE | 0. | 190 | 46.3 | MISSING | 100.0 |
|  |  | ------ | ------ | ------ |  |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 220 MISSING CASES 190

**Table 11. Total Family Income Per Month of Respondents' Households**

Q: WHAT WAS THE TOTAL FAMILY INCOME FOR LAST YEAR, BEFORE TAXES? THAT IS, EVERYONE'S TOTAL INCOME ADDED TOGETHER IN THIS FAMILY? WOULD YOU LOOK AT THIS CARD AND SHOW ME WHICH CATEGORY YOU WOULD FIND THAT FIGURE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| UNDER $200 MONTHLY | 1. | 7 | 1.7 | 1.7 | 1.7 |
| $200 TO $399 MONTHLY | 2. | 33 | 8.0 | 8.2 | 10.0 |
| $400 TO $599 MONTHLY | 3. | 80 | 19.5 | 20.0 | 30.0 |
| $600 TO $799 MONTHLY | 4. | 69 | 16.8 | 17.2 | 47.2 |
| $800 TO $999 MONTHLY | 5. | 63 | 15.4 | 15.7 | 63.0 |
| $1000 TO $1250 | 6. | 70 | 17.1 | 17.5 | 80.5 |
| $1251 TO $1500 | 7. | 35 | 8.5 | 8.7 | 89.2 |
| $1501 TO $2000 | 8. | 28 | 6.8 | 7.0 | 96.2 |
| $2001 TO $3000 | 9. | 6 | 1.5 | 1.5 | 97.7 |
| OVER $3000 | 10. | 9 | 2.2 | 2.2 | 100.0 |
| NOT APPBLE | 0. | 10 | 2.4 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 400 MISSING CASES 10

**Table 12. Number of Income-Earners in the Household**

Q: HOW MANY PEOPLE IN YOUR FAMILY MAKE MONEY? THAT INCLUDES WAGES, PART-TIME JOBS, SOCIAL SECURITY, WELFARE, ETC?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONE PERSON | 1. | 154 | 37.6 | 38.7 | 38.7 |
| TWO PERSONS | 2. | 160 | 39.0 | 40.2 | 78.9 |
| THREE PERSONS | 3. | 45 | 11.0 | 11.3 | 90.2 |
| FOUR PERSONS | 4. | 27 | 6.6 | 6.8 | 97.0 |
| FIVE PERSONS | 5. | 10 | 2.4 | 2.5 | 99.5 |
| SIX PERSONS | 6. | 2 | 0.5 | 0.5 | 100.0 |
| NOT APPBLE | 0. | 12 | 2.9 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 398 MISSING CASES 12

**Table 13. Relationship of Income-Earners to the Respondents**

Q: HOW ARE THEY RELATED TO YOU?

```
                                                        PCT OF     PCT OF
CATEGORY LABEL                    CODE       COUNT   RESPONSES     CASES

RESPONDENT                           1         289       36.8       72.6
SPOUSEOF RESPONDENT                  2         233       29.7       58.5
SON OF RESPONDENT                    3          58        7.4       14.6
DAUGHTER OF RESPONDENT               4          54        6.9       13.6
SON-IN-LAW                           5           7        0.9        1.8
DAUGHTER-IN-LAW                      6           4        0.5        1.0
FATHER OF RESPONDENT                 7          16        2.0        4.0
MOTHER OF RESPONDENT                 8          18        2.3        4.5
FATHER-IN-LAW                        9           2        0.3        0.5
MOTHER-IN-LAW                       10           9        1.1        2.3
BROTHER                             11          20        2.5        5.0
SISTER                              12          18        2.3        4.5
BROTHER-IN-LAW                      13           8        1.0        2.0
SISTER-IN-LAW                       14           7        0.9        1.8
UNCLE                               15           5        0.6        1.3
AUNT                                16           5        0.6        1.3
COUSIN                              19          11        1.4        2.8
COUSIN-IN-LAW                       20           1        0.1        0.3
NEPHEW                              21           6        0.8        1.5
NIECE                               22           6        0.8        1.5
GRANDCHILD                          23           2        0.3        0.5
GRANDFATHER                         24           1        0.1        0.3
GRANDMOTHER                         25           4        0.5        1.0
OTHER RELATIVES                     26           1        0.1        0.3
                                           -------      -----      -----
                         TOTAL RESPONSES       785      100.0      197.2

    12 MISSING CASES  398 VALID CASES
```

## Table 14. Number of Income Sources, by Household

(Derived from Table 15)

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONE | 1. | 278 | 67.8 | 68.5 | 68.5 |
| TWO | 2. | 100 | 24.4 | 24.6 | 93.1 |
| THREE | 3. | 23 | 5.6 | 5.7 | 98.8 |
| FOUR | 4. | 4 | 1.0 | 1.0 | 99.8 |
| FIVE | 5. | 1 | 0.2 | 0.2 | 100.0 |
| NOT APPBLE | 0. | 4 | 1.0 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 406 MISSING CASES 4

## Table 15. Specific Sources of Family Incomes

Q: WHAT IS THE SOURCE(S) OF THAT FAMILY INCOME?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| SOURCE--OWN BUSINESS | 6 | 1.1 | 1.5 |
| SOURCE--SALARIED WAGES | 340 | 62.7 | 85.4 |
| SOURCE--PENSIONS | 37 | 6.8 | 9.3 |
| SOURCE--SOCIAL SECURITY | 55 | 10.1 | 13.8 |
| SOURCE--WELFARE | 86 | 15.9 | 21.6 |
| SOURCE--FRIENDS,RELATIVES | 18 | 3.3 | 4.5 |
| TOTAL RESPONSES | 542 | 100.0 | 136.2 |

12 MISSING CASES 398 VALID CASES

## Table 16. Migration Status of the Respondents

Q: DID YOU COME TO THE UNITED STATES (FROM SAMOA), OR WERE YOU BORN HERE IN THE UNITED STATES?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| BORN IN U.S. | 1. | 21 | 5.1 | 5.1 | 5.1 |
| CAMETO U.S. | 3. | 388 | 94.6 | 94.9 | 100.0 |
| NOT APPBLE | 0. | 1 | 0.2 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 409 MISSING CASES 1

## Table 17. Year of Immigration of the Respondents

Q: IF YOU CAME TO THE UNITED STATES, WHEN DID YOU COME?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| BEFORE 1940 | 1. | 25 | 6.1 | 6.1 | 6.1 |
| 1941 TO 1945 | 2. | 1 | 0.2 | 0.2 | 6.4 |
| 1946 TO 1950 | 3. | 8 | 2.0 | 2.0 | 8.3 |
| 1951 TO 1955 | 4. | 29 | 7.1 | 7.1 | 15.4 |
| 1956 TO 1960 | 5. | 64 | 15.6 | 15.6 | 31.1 |
| 1961 TO 1965 | 6. | 58 | 14.1 | 14.2 | 45.2 |
| 1966 TO 1970 | 7. | 122 | 29.8 | 29.8 | 75.1 |
| 1971 TO 1975 | 8. | 93 | 22.7 | 22.7 | 97.8 |
| 1976 | 9. | 6 | 1.5 | 1.5 | 99.3 |
| NO ANSWER | 98. | 3 | 0.7 | 0.7 | 100.0 |
| NOT APPBLE | 0. | 1 | 0.2 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 409 MISSING CASES 1

## Table 19. Lifetime Residence of the Respondents

Q: FOR THE MOST PART OF YOUR LIFE, WHERE DID YOU LIVE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| SOUTH BAY | 1. | 61 | 14.9 | 15.1 | 15.1 |
| LOS ANGELES | 2. | 6 | 1.5 | 1.5 | 16.6 |
| CALIFORNIA | 3. | 12 | 2.9 | 3.0 | 19.6 |
| HAWAII | 4. | 19 | 4.6 | 4.7 | 24.3 |
| UNITED STATES | 5. | 3 | 0.7 | 0.7 | 25.1 |
| AMERICAN SAMOA | 6. | 268 | 65.4 | 66.5 | 91.6 |
| WESTERN SAMOA | 7. | 30 | 7.3 | 7.4 | 99.0 |
| OTHERS | 8. | 2 | 0.5 | 0.5 | 99.5 |
| NEW ZEALAND | 9. | 1 | 0.2 | 0.2 | 99.8 |
| NO ANSWER | 98. | 1 | 0.2 | 0.2 | 100.0 |
| NOT APPBLE | 0. | 7 | 1.7 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 403 MISSING CASES 7

## Table 20. Size of the Place of Lifetime Residence

Q: AND IS THAT PLACE:

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| SMALL VILLAGE | 2. | 229 | 55.9 | 56.5 | 56.5 |
| SAMLL TOWN | 3. | 64 | 15.6 | 15.8 | 72.3 |
| MIDDLE-SIZED CITY | 4. | 21 | 5.1 | 5.2 | 77.5 |
| WITHIN A LARGE CITY | 5. | 86 | 21.0 | 21.2 | 98.8 |
| OTHER | 6. | 2 | 0.5 | 0.5 | 99.3 |
| NO ANSWER | 8. | 3 | 0.7 | 0.7 | 100.0 |
| NOT APPBLE | 0. | 5 | 1.2 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 405 MISSING CASES 5

### Table 21. Migration Status of the Parents of the Respondents

Q: DID YOUR FATHER/MOTHER COME TO THE UNITED STATES, ARE THEY STILL IN SAMOA, OR WERE THEY BORN IN THE UNITED STATES?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| BORN IN U.S. | 1 | 4 | 0.7 | 1.3 |
| STILL IN SAMOA | 2 | 259 | 45.9 | 82.2 |
| CAMETO U.S. | 3 | 298 | 52.8 | 94.6 |
| OTHERS | 4 | 3 | 0.5 | 1.0 |
| TOTAL RESPONSES | | 564 | 100.0 | 179.0 |

95 MISSING CASES 315 VALID CASES

### Table 22. Lifetime Residence of the Parents of the Respondents

Q: WHERE DOES (DID) HE/SHE LIVE FOR MOST OF HIS/HER LIFE?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| AMERICAN SAMOA | 1 | 650 | 79.8 | 158.5 |
| WESTERN SAMOA | 2 | 129 | 15.8 | 31.5 |
| UNITED STATES | 3 | 22 | 2.7 | 5.4 |
| ELSEWHERE | 4 | 14 | 1.7 | 3.4 |
| TOTAL RESPONSES | | 815 | 100.0 | 198.8 |

0 MISSING CASES 410 VALID CASES

## Table 23. Length of Residence of the Respondents in Present Housing

Q: ABOUT HOW LONG HAVE YOU AND YOUR FAMILY LIVED IN THIS HOUSE/ APARTMENT?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| LESS THAN 6 MONTHS | 1. | 57 | 13.9 | 14.1 | 14.1 |
| 6 TO 12 MONTHS | 2. | 69 | 16.8 | 17.0 | 31.1 |
| 1 TO 3 YEARS | 3. | 148 | 36.1 | 36.5 | 67.7 |
| 3 TO 6 YEARS | 4. | 77 | 18.8 | 19.0 | 86.7 |
| 6 TO 10 YEARS | 5. | 35 | 8.5 | 8.6 | 95.3 |
| 11 TO 15 YEARS | 6. | 15 | 3.7 | 3.7 | 99.0 |
| OVER 15 YEARS | 7. | 3 | 0.7 | 0.7 | 99.8 |
| NO ANSWER | 8. | 1 | 0.2 | 0.2 | 100.0 |
| NOT APPBLE | 0. | 5 | 1.2 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 405 MISSING CASES 5

## Table 24. Housing Tenure Condition of the Respondents

Q: DO YOU (OR YOUR FAMILY) OWN THIS HOUSE, ARE RENTING IT, OR WHAT?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| OWNS THE HOUSE | 1. | 104 | 25.4 | 25.7 | 25.7 |
| BUYING IT | 2. | 58 | 14.1 | 14.3 | 40.0 |
| RENTING IT | 3. | 240 | 58.5 | 59.3 | 99.3 |
| OTHER | 4. | 3 | 0.7 | 0.7 | 100.0 |
| NOT APPBLE | 0. | 5 | 1.2 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 405 MISSING CASES 5

Table 25. Residential Mobility of the Respondents

Q: DURING THE LAST 5 YEARS, HOW MANY TIMES HAVE YOU AND YOUR FAMILY MOVED?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONCE | 1. | 93 | 22.7 | 22.7 | 22.7 |
| TWICE | 2. | 105 | 25.6 | 25.6 | 48.3 |
| THREF TIMES | 3. | 51 | 12.4 | 12.4 | 60.7 |
| FOUR TIMES | 4. | 13 | 3.2 | 3.2 | 63.9 |
| FIVE TIMFS OR MORE | 5. | 20 | 4.9 | 4.9 | 68.8 |
| NONF AT ALL | 6. | 123 | 30.0 | 30.0 | 98.8 |
| NO ANSWER | 8. | 5 | 1.2 | 1.2 | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 410 MISSING CASFS 0

Table 26. Primary Language of the Respondents

Q: WHAT IS YOUR PRIMARY LANGUAGE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| SAMOAN | 1. | 350 | 85.4 | 85.4 | 85.4 |
| ENGLISH | 2. | 47 | 11.5 | 11.5 | 96.8 |
| TONGAN | 7. | 1 | 0.2 | 0.2 | 97.1 |
| NO ANSWER | 8. | 12 | 2.9 | 2.9 | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 410 MISSING CASES 0

## Table 27. Language Most Often Spoken among Adults in the House

Q: WHAT IS THE LANGUAGE THAT IS MOST OFTEN SPOKEN AMONG ADULTS IN THE HOUSE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| SAMOAN | 1. | 352 | 85.9 | 86.3 | 86.3 |
| ENGLISH | 2. | 53 | 12.9 | 13.0 | 99.3 |
| OTHERS | 6. | 3 | 0.7 | 0.7 | 100.0 |
| NOT APPBLE | 0. | 2 | 0.5 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 408 MISSING CASES 2

## Table 28. Fluency in English Language among the Respondents

Q: CAN YOU SPEAK ENGLISH?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 332 | 81.0 | 91.5 | 91.5 |
| NO | 2. | 29 | 7.1 | 8.0 | 99.4 |
| NO ANSWER | 8. | 2 | 0.5 | 0.6 | 100.0 |
| NOT APPBLE | 0. | 47 | 11.5 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 363 MISSING CASES 47

## Table 29. Need for Samoan Interpreters for Communication by the Respondents

Q: IF THERE IS A SAMOAN INTERPRETER AVAILABLE AT THE HOSPITAL, WOULD YOU USE HIM/HER TO HELP YOU EXPLAIN YOUR MEDICAL PROBLEMS OR ILLNESSES?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 165 | 40.2 | 43.2 | 43.2 |
| NO | 2. | 205 | 50.0 | 53.7 | 96.9 |
| NO ANSWER | 8. | 12 | 2.9 | 3.1 | 100.0 |
| NOT APPBLE | 0. | 28 | 6.8 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 382 MISSING CASES 28

## Table 30. Attendance of Religious Services by the Respondents

Q: IN THE PAST YEAR, ABOUT HOW OFTEN HAVE YOU ATTENDED RELIGIOUS SERVICES?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONCE A WEEK OR MORE | 1. | 218 | 53.2 | 53.3 | 53.3 |
| ABOUT ONCE A WEEK | 2. | 123 | 30.0 | 30.1 | 83.4 |
| 2 OR 3 TIMES A MONTH | 3. | 44 | 10.7 | 10.8 | 94.1 |
| A FEW TIMES A YEAR | 4. | 15 | 3.7 | 3.7 | 97.8 |
| NOT AT ALL | 5. | 7 | 1.7 | 1.7 | 99.5 |
| NO ANSWER | 8. | 2 | 0.5 | 0.5 | 100.0 |
| NOT APPBLE | 0. | 1 | 0.2 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 409 MISSING CASES 1

## Table 31. Importance of Religion for the Respondents

Q: ASIDE FROM ATTENDING RELIGIOUS SERVICES, HOW IMPORTANT WOULD YOU SAY RELIGION IS TO YOU?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| VERY IMPORTANT | 1. | 380 | 92.7 | 92.7 | 92.7 |
| FAIRLY IMPORTANT | 2. | 24 | 5.9 | 5.9 | 98.5 |
| FAIRLY UNIMPORTANT | 3. | 2 | 0.5 | 0.5 | 99.0 |
| NOT IMPORTANT | 4. | 3 | 0.7 | 0.7 | 99.8 |
| NO ANSWER | 8. | 1 | 0.2 | 0.2 | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 410 MISSING CASES 0

### Table 32. Religious Preference of the Respondents

Q: (A) WHAT IS YOUR CURRENT RELIGIOUS PREFERENCE?
(B) IN WHAT RELIGION WERE YOU RAISED AS A CHILD?

| | (A) PRESENT | | (B) PAST | |
|---|---|---|---|---|
| RELIGIOUS DENOMINATIONS | FREQ | PCT | FREQ | PCT |
| 1) Congregational | 178 | 43.4 | 232 | 56.6 |
| 2) Mormon | 104 | 25.4 | 83 | 20.2 |
| 3) Methodist | 28 | 6.8 | 25 | 6.1 |
| 4) Catholic | 41 | 10.0 | 54 | 13.2 |
| 5) Seventh Day Adventist | 6 | 1.5 | 1 | 0.2 |
| 6) Pentecostal | 26 | 6.4 | 7 | 1.7 |
| 7) Baptist | 5 | 1.2 | 1 | 0.2 |
| 8) Jehovah Witness | 1 | 0.2 | --- | ---- |
| 9) Assembly of God | 10 | 2.4 | 3 | 0.7 |
| 10) Others | 2 | 0.5 | 1 | 0.2 |
| 11) None | 7 | 1.7 | 1 | 0.2 |
| 12) No answer | 1 | 0.2 | 2 | 0.7 |
| TOTAL | 409 | 100.0 | 409 | 100.0 |

Table 33. Number of Organizations Respondents Participated in

(Derived from Table 34)

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONE | 1. | 182 | 44.4 | 44.4 | 44.4 |
| TWO | 2. | 54 | 13.2 | 13.2 | 57.6 |
| THREE | 3. | 30 | 7.3 | 7.3 | 64.9 |
| FOUR | 4. | 9 | 2.2 | 2.2 | 67.1 |
| FIVE | 5. | 1 | 0.2 | 0.2 | 67.3 |
| NONE AT ALL | 6. | 130 | 31.7 | 31.7 | 99.0 |
| NO ANSWER | 8. | 4 | 1.0 | 1.0 | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 410 MISSING CASES 0

Table 34. Types of Organizations Respondents Participated in

Q: SOME PEOPLE BELONG TO VARIOUS ORGANIZATIONS AND OTHERS DON'T.
WHAT SORT OF ORGANIZATIONS DO YOU BELONG TO?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| CHURCH | 1 | 226 | 54.3 | 82.5 |
| CHOIR | 2 | 38 | 9.1 | 13.9 |
| SAMOAN ORGANIZATION | 3 | 15 | 3.6 | 5.5 |
| SPORTS TEAMS,ETC | 4 | 40 | 9.6 | 14.6 |
| LABOR & TRADE UNIONS | 5 | 11 | 2.6 | 4.0 |
| PTA | 6 | 22 | 5.3 | 8.0 |
| WOMEN'S CLUBS | 7 | 15 | 3.6 | 5.5 |
| OTHERS | 8 | 49 | 11.8 | 17.9 |
| TOTAL RESPONSES |  | 416 | 100.0 | 151.8 |

136 MISSING CASES 274 VALID CASES

Table 35. Position Held by Respondents in Given Organization

Q: WHAT IS YOUR POSITION IN THAT ORGANIZATION?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| OFFICE | 1 | 78 | 19.3 | 29.7 |
| MEMBER | 2 | 327 | 80.7 | 124.3 |
| | TOTAL RESPONSES | 405 | 100.0 | 154.0 |

147 MISSING CASES 263 VALID CASES

Table 36. Dues Paid for Organizational Membership

Q: DO YOU PAY DUES?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| YES | 1 | 350 | 85.4 | 129.6 |
| NO | 2 | 60 | 14.6 | 22.2 |
| | TOTAL RESPONSES | 410 | 100.0 | 151.9 |

140 MISSING CASES 270 VALID CASES

Table 37. Awareness of Mental Health Problems by the Respondents

Q: DO YOU KNOW OF ANYONE WHO IS "COUCU", OR OFTEN DEPRESSED, OR DRINKS TOO MUCH, OR MENTALLY RETARDED TO THAT POINT THAT THEY NEED HELP?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 78 | 19.0 | 19.0 | 19.0 |
| NO | 2. | 332 | 81.0 | 81.0 | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

Table 38. Knowledge of Mental Health Services among Those Respondents not Aware of Mental Health Problems

Q: IF YOU EVER NEEDED SUCH SERVICES, DO YOU KNOW JUST WHERE TO GET HELP?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 132 | 32.2 | 39.3 | 39.3 |
| NO | 2. | 188 | 45.9 | 56.0 | 95.2 |
| NO ANSWER | 8. | 16 | 3.9 | 4.8 | 100.0 |
| NOT APPBLE | 0. | 74 | 18.0 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 336 MISSING CASES 74

Table 39. Knowledge of Mental Health Services among Those Respondents Aware of Mental Health Problems

Q: DO YOU KNOW WHERE TO GO TO GET SUCH HELP?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 16 | 3.9 | 21.3 | 21.3 |
| NO | 2. | 59 | 14.4 | 78.7 | 100.0 |
| NOT APPBLE | 0. | 335 | 81.7 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 75 MISSING CASES 335

**Table 40. Knowledge of Hospitals or Clinics Most Frequented by Samoans for Health Care**

Q: DO YOU KNOW OF ANY HOSPITALS OR CLINICS THAT MOST SAMOANS TEND TO GO TO FOR HEALTH CARE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 254 | 62.0 | 62.6 | 62.6 |
| NO | 2. | 140 | 34.1 | 34.5 | 97.0 |
| NO ANSWER | 8. | 1 | 0.2 | 0.2 | 97.3 |
| DON'T KNOW | 9. | 11 | 2.7 | 2.7 | 100.0 |
| NOT APPBLE | 0. | 4 | 1.0 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 406 MISSING CASES 4

**Table 41. Hospitals Most Frequented by the Samoans, Specified**

Q: WHICH ONES?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| BAY HARBOR | 1 | 23 | 5.2 | 9.0 |
| CARSON INTERCOMMUNITY | 2 | 53 | 11.9 | 20.7 |
| DR STAKELEY | 4 | 3 | 0.7 | 1.2 |
| DOCTOR'S HOSPITAL | 5 | 8 | 1.8 | 3.1 |
| HARBOR GENERAL | 9 | 199 | 44.6 | 77.7 |
| KAISER | 12 | 55 | 12.3 | 21.5 |
| LITTLE COMPANY OF MARY | 13 | 3 | 0.7 | 1.2 |
| LONG BEACH MEMORIAL | 14 | 30 | 6.7 | 11.7 |
| MARTIN LUTHER KING | 16 | 30 | 6.7 | 11.7 |
| PACIFIC | 17 | 5 | 1.1 | 2.0 |
| RIVERIA | 18 | 7 | 1.6 | 2.7 |
| U.S. NAVAL | 23 | 8 | 1.8 | 3.1 |
| OTHERS | 30 | 22 | 4.9 | 8.6 |
| TOTAL RESPONSES |  | 446 | 100.0 | 174.2 |

154 MISSING CASES 256 VALID CASES

### Table 42. Types of Medical Care Facilities Received by the Respondents

Q: WHERE DO YOU AND YOUR FAMILY GO TO IN ORDER TO RECEIVE MEDICAL CARE?

| DICHOTOMY LABEL | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| MEDICAL--PRIVATE DOCTORS | 149 | 18.0 | 36.4 |
| MEDICAL--PUBLIC CLINICS | 167 | 20.2 | 40.8 |
| MEDICAL--PRIVATE CLINICS | 82 | 9.9 | 20.0 |
| MEDICAL--PUBLIC HOSPITALS | 259 | 31.3 | 63.3 |
| MEDICAL--PRIVATE HOSPITALS | 98 | 11.9 | 24.0 |
| MEDICAL--FOLK HEALERS | 72 | 8.7 | 17.6 |
| TOTAL RESPONSES | 827 | 100.0 | 202.2 |

409 VALID CASES

### Table 43. Distance of Health Care Services from Respondents' Homes

Q: HOW FAR FROM YOUR HOME IS THE NEAREST:

| DISTANCE | DOCTOR | CLINIC | HOSPITAL | DENTIST | MENTAL HEALTH | FOLK HEALER | TOTAL |
|---|---|---|---|---|---|---|---|
| 1) Walking distance | 41<br>(10.0) | 28<br>(6.8) | 28<br>(6.8) | 39<br>(9.6) | 4<br>(1.0) | 114<br>(27.9) | 254<br>(10.4) |
| 2) Less than 5 miles | 193<br>(47.2) | 192<br>(46.9) | 200<br>(48.9) | 171<br>(41.9) | 34<br>(8.3) | 97<br>(23.7) | 887<br>(36.2) |
| 3) 5 to 15 miles | 150<br>(36.7) | 150<br>(36.7) | 157<br>(38.4) | 135<br>(33.1) | 39<br>(9.5) | 38<br>(9.3) | 669<br>(27.3) |
| 4) Over 15 miles | 11<br>(2.7) | 11<br>(2.7) | 15<br>(3.7) | 23<br>(5.6) | 19<br>(4.6) | 14<br>(3.4) | 93<br>(3.8) |
| 8) No answer | 3<br>(0.7) | 6<br>(1.5) | 4<br>(1.0) | 8<br>(2.0) | 21<br>(5.1) | 13<br>(3.2) | 55<br>(2.2) |
| 9) Don't know | 11<br>(2.7) | 22<br>(5.4) | 5<br>(1.2) | 32<br>(7.8) | 292<br>(71.4) | 133<br>(32.5) | 495<br>(20.2) |
| 0) Not applicable | 1 | 1 | 1 | 2 | 1 | 1 | 7 |
| TOTAL | 410 | 410 | 410 | 410 | 410 | 410 | 2460 |

(Note: Figures in parentheses denote appropriate percentages)

## Table 44. Bilingual Staff for Health Care Services

Q: DO ANY OF THE PLACES YOU GO TO FOR MEDICAL, DENTAL, OR MENTAL HEALTH CARE HAVE STAFF (SUCH AS DOCTORS, NURSES, OR SOCIAL WORKERS) WHO CAN ALSO SPEAK THE SAMOAN LANGUAGE?

| | MEDICAL | | DENTAL | | MENTAL HEALTH | |
|---|---|---|---|---|---|---|
| | FREQ | PCT | FREQ | PCT | FREQ | PCT |
| 1) Yes | 63 | 15.4 | 22 | 5.4 | 14 | 3.4 |
| 2) No | 328 | 80.0 | 363 | 88.5 | 271 | 66.1 |
| 8) No answer | 1 | ---- | 4 | ---- | 17 | 4.1 |
| 9) Don't know | 18 | 4.4 | 21 | 5.1 | 108 | 26.3 |
| TOTAL | 410 | 100.0 | 410 | 100.0 | 410 | 100.0 |

## Table 45. Difficulties in Communicating Health Problems in the Absence of Bilingual Staff

Q: DO YOU HAVE DIFFICULTIES IN TALKING TO DOCTORS, NURSES, ETC., ABOUT YOUR ILLNESS OR PROBLEMS?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 69 | 16.8 | 18.4 | 18.4 |
| NO | 2. | 306 | 74.6 | 81.4 | 99.7 |
| DON'T KNOW | 9. | 1 | 0.2 | 0.3 | 100.0 |
| NOT APPBLE | 0. | 34 | 8.3 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

## Table 46. Helpfulness of Bilingual Staff for Health Care Services

Q: DO YOU FIND THEM HELPFUL?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 60 | 14.6 | 89.6 | 89.6 |
| NO | 2. | 5 | 1.2 | 7.5 | 97.0 |
| NO ANSWER | 8. | 2 | 0.5 | 3.0 | 100.0 |
| NOT APPBLE | 0. | 343 | 83.7 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

Table 47. Serious Community Problems as Perceived by the Respondents

Q: IN EVERY COMMUNITY THERE ARE SOME PROBLEMS AS WELL AS STRENGTHS. EACH COMMUNITY HAS DIFFERENT PROBLEMS. IN GENERAL, COULD YOU TELL ME WHAT ARE SOME OF THE MOST IMPORTANT PROBLEMS IN THE SAMOAN COMMUNITY IN THIS AREA?

| COMMUNITY PROBLEMS | | FREQUENCIES |
|---|---|---|
| 1) Problems of deprived opportunities: | | 544 |
| education | 140 | |
| employment | 131 | |
| language barriers | 96 | |
| low income/poverty | 49 | |
| housing conditions | 46 | |
| elderly needs | 31 | |
| medical services | 14 | |
| social programs | 12 | |
| social activities | 11 | |
| job skills | 10 | |
| lack of social workers | 3 | |
| 2) Behavioral problems: | | 136 |
| drinking | 47 | |
| fighting & gang behavior | 30 | |
| drugs | 29 | |
| crimes | 19 | |
| smoking (nicotine) | 4 | |
| sex | 3 | |
| gambling | 2 | |
| stealing | 2 | |
| 3) Teenager problems: | | 90 |
| school problems | 47 | |
| runaways | 20 | |
| youth problems in general | 18 | |
| identity conflicts | 3 | |
| truancy | 1 | |
| delinquencies | 1 | |
| 4) Coping with outside society: | | 68 |
| lack of understanding vis-a-vis the American society | 48 | |
| adjustment | 11 | |
| victims of discrimination | 4 | |
| immigration difficulties | 4 | |
| 5) Intra-ethnic problems: | | 37 |
| can't cope with each others | 13 | |
| lack of organizations | 8 | |
| not going to church | 8 | |
| lack of leadership | 5 | |
| disrespect of the elders | 3 | |

Table 47. Serious Community Problems as Perceived by the Respondents (Continued)

| COMMUNITY PROBLEMS | | FREQUENCIES |
|---|---|---|
| 6) Cultural problems: | | 27 |
| values & customs | 9 | |
| gossiping | 7 | |
| lack of motivation | 5 | |
| too many Samoans on welfare | 5 | |
| pretensious behavior | 1 | |
| 7) Family problems: | | 24 |
| generation gap | 18 | |
| lack of disciplines | 3 | |
| crowded homes | 3 | |
| 8) Others | | 33 |
| 9) No problems | | 4 |
| | TOTAL RESPONSES | 963 |

(Note: Results based on information provided by 362 respondents. Also, classification of these categories are established by means of post facto analysis of the data.)

Table 48. Comparison of Teenager Problems in Samoan and Anglo Communities

Q: LET'S TURN TO THE TEENAGERS AND YOUTH IN THE SAMOAN COMMUNITY. FIRST, DO YOU THINK THAT THE SAMOAN COMMUNITY'S TEENAGERS ARE LESS OF A PROBLEM, ABOUT THE SAME, OR MORE THAN THAT OF THE ANGLO (WHITE) COMMUNITY?

```
                                             RELATIVE   ADJUSTED     CUM
                                  ABSOLUTE     FREQ       FREQ       FREQ
CATEGORY LABEL           CODE       FREQ      (PCT)      (PCT)      (PCT)

LESS THAN THE PALAGIS      1.        127       31.0       31.0       31.0

ABOUT THE SAME             2.        212       51.7       51.7       82.7

MORE THANTHE PALAGIS       3.         42       10.2       10.2       92.9

NO ANSWER                  8.          2        0.5        0.5       93.4

DON'T KNOW                 9.         27        6.6        6.6      100.0
                                  -------    -------    -------
                        TOTAL        410      100.0      100.0

VALID CASES      410      MISSING CASES      0
```

Table 49. Comparison of Samoan Teenager Problems, by Sex

Q: IN GENERAL, WOULD YOU SAY THESE PROBLEMS ARE MORE APPLICABLE TO THE SAMOAN BOYS, OR GIRLS?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| MORE FOR THE BOYS | 1. | 101 | 24.6 | 24.6 | 24.6 |
| MORE FOR THE GIRLS | 2. | 53 | 12.9 | 12.9 | 37.6 |
| ABOUT THE SAME | 3. | 232 | 56.6 | 56.6 | 94.1 |
| NO ANSWER | 8. | 3 | 0.7 | 0.7 | 94.9 |
| DON'T KNOW | 9. | 21 | 5.1 | 5.1 | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 410 MISSING CASES 0

Table 50. Types of Teenager Problems in the Samoan Community

Q: IN WHAT WAYS DO THE SAMOAN TEENAGERS CREATE PROBLEMS FOR THE COMMUNITY?

|  | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| TEENAGER PROBLEMS--DRUG ABUSE | 180 | 11.9 | 47.9 |
| TEENAGER PROBLEMS--ALCOHOL ABUSE | 241 | 15.9 | 64.1 |
| TEENAGER PROBLEMS--CRIMES | 166 | 11.0 | 44.1 |
| TEENAGER PROBLEMS--SEX PROBLEMS | 111 | 7.3 | 29.5 |
| TEENAGER PROBLEMS--RUNAWAYS | 216 | 14.3 | 57.4 |
| TEENAGER PROBLEMS--PROBLEMS AT HOME | 271 | 17.9 | 72.1 |
| TEENAGER PROBLEMS---IN THE SCHOOL | 327 | 21.6 | 87.0 |
| TOTAL RESPONSES | 1512 | 100.0 | 402.1 |

34 MISSING CASES 376 VALID CASES

## Table 51. Strategies for Resolving Samoan Teenager Problems

Q: WHAT DO YOU THINK ARE THE BEST WAYS TO SOLVE THESE YOUTH PROBLEMS?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| SOLUTIONS--GOVT SOCIAL PROGRAMS | 173 | 15.8 | 44.5 |
| SOLUTIONS--CHURCH ACTIVITIES | 299 | 27.3 | 76.9 |
| SOLUTIONS--FAMILY DISCIPLINE | 268 | 24.5 | 68.9 |
| SOLUTIONS--COUNSELING SERVICES | 168 | 15.3 | 43.2 |
| SOLUTIONS--PEER GROUP INFLUENCE | 38 | 3.5 | 9.8 |
| SOLUTIONS--SAMOAN ORGANIZATIONS | 149 | 13.6 | 38.3 |
| TOTAL RESPONSES | 1095 | 100.0 | 281.5 |

21 MISSING CASES 389 VALID CASES

## Table 52. Respondents' Awareness of Special Programs for Samoan Teenagers

Q: IN GENERAL, ARE THERE ORGANIZED ACTIVITIES OR SPORTS PROGRAMS FOR SAMOAN YOUTH IN THIS AREA WHICH ARE PRIMARILY DESIGNED FOR SAMOAN-SPEAKING PEOPLE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 67 | 16.3 | 16.4 | 16.4 |
| NO | 2. | 285 | 69.5 | 69.7 | 86.1 |
| NO ANSWER | 8. | 11 | 2.7 | 2.7 | 88.8 |
| DON'T KNOW | 9. | 46 | 11.2 | 11.2 | 100.0 |
| NOT APPBLE | 0. | 1 | 0.2 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 409 MISSING CASES 1

Table 53. Valuable Community Strengths as Perceived by the Respondents

Q: WHAT ARE THE STRENGTHS OF THE SAMOAN COMMUNITY?

| ASSETS | | FREQUENCIES |
|---|---|---|
| 1) Samoan churches | | 327 |
| 2) Samoan culture & values: | | 174 |
| customs & culture | 127 | |
| mutual helping & sharing | 29 | |
| love for each others | 15 | |
| respect for the elderly | 3 | |
| 3) Kinship system: | | 168 |
| family ties | 136 | |
| family disciplines | 21 | |
| family gatherings | 9 | |
| matai system | 2 | |
| 4) Samoan civic organizations: | | 63 |
| Samoan organizations | 49 | |
| Samoan unity | 12 | |
| leadership | 2 | |
| 5) Sports activities | | 61 |
| 6) Samoan enterprises: | | 18 |
| business | 11 | |
| work | 7 | |
| 7) Social activities | | 15 |
| 8) Others | | 28 |
| 9) None | | 2 |
| | TOTAL RESPONSES | 856 |

(Note: Results based on information provided by 353 respondents.)

## Table 54. Sources of Help for the Respondents

Q: MOST PEOPLE AT ONE TIME OR ANOTHER NEED HELP FROM OTHER PEOPLE FOR ONE THING OR ANOTHER. IF YOU EVER NEEDED HELP FROM ANYONE DURING A CRISIS, WHO WOULD YOU GO TO FOR HELP? PERHAPS WE CAN BE MORE SPECIFIC HERE. WHO WOULD YOU GO TO FOR FINANCIAL HELP? FOR ADVICE? FOR MUTUAL HELPING AND CARE?

| | FINANCIAL HELP | | ADVICE | | MUTUAL HELPING AND CARE | |
|---|---|---|---|---|---|---|
| SOURCES OF HELP | FREQ | PCT | FREQ | PCT | FREQ | PCT |
| 1) Other relatives | 312 | 34.1 | 296 | 29.6 | 292 | 34.7 |
| 2) Friends | 179 | 19.5 | 242 | 24.2 | 194 | 23.1 |
| 3) Clergy, ministers | 118 | 12.9 | 297 | 29.7 | 117 | 13.9 |
| 4) Neighbors | 32 | 3.5 | 68 | 6.8 | 124 | 14.7 |
| 5) Co-workers | 43 | 4.7 | 46 | 4.6 | 25 | 3.0 |
| 6) Social workers, govt agency | 173 | 18.9 | 45 | 4.5 | 65 | 7.7 |
| 7) Others | 59 | 6.4 | 6 | 0.6 | 28 | 2.9 |
| TOTAL RESPONSES | 916 | 100.0 | 1000 | 100.0 | 841 | 100.0 |

## Table 55. Utilization of Government Agencies by the Respondents

Q: A LOT OF PEOPLE SAY THAT SOME OF THESE PROBLEMS IN THE SAMOAN COMMUNITY WOULD REQUIRE PEOPLE LIKE YOU TO GO TO SOME GOVERNMENT AGENCIES AND TALK WITH THEM. IN THIS WAY PERHAPS WE CAN FIND OUT IF THERE ARE PROGRAMS WHICH ARE SET UP TO DEAL WITH PROBLEMS LIKE THESE. IN THE PAST, HAVE YOU EVER GONE TO SUCH GOVERNMENT AGENCIES TO GET HELP? HOW?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES.INQUIRIES | 1. | 33 | 8.0 | 8.0 | 8.0 |
| YES,RECEIVED HELP | 2. | 92 | 22.4 | 22.4 | 30.5 |
| YES. REFUSED SERVICE | 3. | 31 | 7.6 | 7.6 | 38.0 |
| NO ANSWER | 8. | 1 | 0.2 | 0.2 | 38.3 |
| NEVER BEFORE | 9. | 253 | 61.7 | 61.7 | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 410 MISSING CASES 0

Table 56. Major Weaknesses of Government Social Programs as Perceived by the Respondents

Q: THE FEDERAL, STATE, AND LOCAL GOVERNMENTS HAVE MANY SOCIAL SERVICE PROGRAMS FOR THE AVERAGE PEOPLE LIKE YOU AND ME. IN GENERAL, WHAT ARE SOME OF THE MAIN WEAKNESSES OF THESE PROGRAMS FOR THE SAMOAN COMMUNITY?

| CATEGORY LABEL | CODE | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|---|
| POOR OUTREACH | 1 | 159 | 25.1 | 45.3 |
| LACK OF FUNDING | 2 | 60 | 9.5 | 17.1 |
| LACK OF SERVICES | 3 | 32 | 5.1 | 9.1 |
| LOW REPRESENTATION | 4 | 77 | 12.2 | 21.9 |
| RED TAPES | 5 | 44 | 7.0 | 12.5 |
| INSENSITIVITY | 6 | 72 | 11.4 | 20.5 |
| POOR PLANNING | 7 | 8 | 1.3 | 2.3 |
| POOR PERSONNEL | 8 | 5 | 0.8 | 1.4 |
| PREJUDICE | 9 | 13 | 2.1 | 3.7 |
| POOR S LEADERSHIP | 10 | 15 | 2.4 | 4.3 |
| SAMOAN WORKERS | 11 | 7 | 1.1 | 2.0 |
| SAMOANS THEMSELVES | 12 | 7 | 1.1 | 2.0 |
| NEVER WENT TO THEM | 13 | 6 | 0.9 | 1.7 |
| NO PROBLEMS | 14 | 6 | 0.9 | 1.7 |
| OTHERS | 15 | 24 | 3.8 | 6.8 |
| NO ANSWER | 18 | 7 | 1.1 | 2.0 |
| DON'T KNOW | 20 | 91 | 14.4 | 25.9 |
| TOTAL RESPONSES | | 633 | 100.0 | 180.3 |

59 MISSING CASES 351 VALID CASES

**Table 57. Attitudes of the Respondents on Taking Care of Dependent Parents**

Q: IN GENERAL, AND IF EVERYTHING STAYS THE WAY IT IS, WOULD YOU LIKE TO HAVE YOUR PARENTS LIVE WITH YOU WHEN THEY BECOME OLD AND UNABLE TO PROVIDE FOR THEMSELVES?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES.NO MATTER WHAT | 1. | 321 | 78.3 | 87.0 | 87.0 |
| YES.BUT ONLY IF I CAN AFFORD TO | 2. | 25 | 6.1 | 6.8 | 93.8 |
| YES.BUT ONLY IF NO CHOICE | 3. | 9 | 2.2 | 2.4 | 96.2 |
| DON'T CARE | 4. | 3 | 0.7 | 0.8 | 97.0 |
| NO.NOT UNDER ANY EVENT | 6. | 1 | 0.2 | 0.3 | 97.3 |
| ALREADY DO | 7. | 1 | 0.2 | 0.3 | 97.6 |
| NO ANSWER | 8. | 6 | 1.5 | 1.6 | 99.2 |
| DON'T KNOW | 9. | 3 | 0.7 | 0.8 | 100.0 |
| NOT APPBLE | 0. | 41 | 10.0 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 369 MISSING CASES 41

**Table 58. Attitudes of the Respondents on Taking Care of Dependent Relatives**

Q: IN CASE ONE OF YOUR ELDERLY RELATIVES CANNOT LIVE ALONE BY HIMSELF/HERSELF, AND THERE IS REALLY NO ONE ELSE FOR HIM/HER TO TURN TO, WOULD YOU:

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| WELCOME HIM to live together | 1. | 392 | 95.6 | 95.6 | 95.6 |
| REFUSE TO HELP | 2. | 8 | 2.0 | 2.0 | 97.6 |
| PLACE HIM in nursing home | 3. | 6 | 1.5 | 1.5 | 99.0 |
| DON'T KNOW | 9. | 4 | 1.0 | 1.0 | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 410 MISSING CASES 0

**Table 59. Presence of Elderly Relatives/Parents in Retirement Homes**

Q: AT PRESENT, DO YOU HAVE ANY ELDERLY RELATIVES (INCLUDING YOUR PARENTS) WHO IS/ARE IN A NURSING/RETIREMENT HOME?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 11 | 2.7 | 2.7 | 2.7 |
| NO | 2. | 397 | 96.8 | 97.1 | 99.8 |
| DON'T KNOW | 9. | 1 | 0.2 | 0.2 | 100.0 |
| NOT APPBLE | 0. | 1 | 0.2 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 409 MISSING CASES 1

**Table 60. Retirement Plans of the Respondents**

Q: LET'S TALK ABOUT YOURSELF FOR A MINUTE. DO YOU HAVE ANY RETIREMENT PLANS?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1 | 182 | 44.4 | 47.5 | 47.5 |
| NO | 2. | 199 | 48.5 | 52.0 | 99.5 |
| NO ANSWER | 8. | 2 | 0.5 | 0.5 | 100.0 |
| NOT APPBLE | 0. | 27 | 6.6 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 383 MISSING CASES 27

Table 61. Financial Plans during Old Age among Those Respondents Who Have Retirement Plans

Q: HOW DO YOU PLAN TO BE FINANCIALLY INDEPENDENT DURING OLD AGE?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| RETIREMENT--PENSIONS | 142 | 39.8 | 80.2 |
| RETIREMENT--SOCIAL SECURITY | 145 | 40.6 | 81.9 |
| RETIREMENT--BUSINESS INTERESTS | 18 | 5.0 | 10.2 |
| RETIREMENT--SUPPORT FROM RELATIVES | 16 | 4.5 | 9.0 |
| RETIREMENT--INSURANCE PLANS | 36 | 10.1 | 20.3 |
| TOTAL RESPONSES | 357 | 100.0 | 201.7 |

233 MISSING CASES 177 VALID CASES

Table 62. Living Arrangement Plans during Old Age among Those Respondents Who Have Retirement Plans

Q: DO YOU HOPE THEN TO LIVE WITH YOUR GROWN CHILDREN, ALONE WITH YOUR SPOUSE, OR SIMPLY ALONE BY YOURSELF, ETC?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| OLD AGE--LIVING BY ONESELF | 36 | 11.5 | 20.3 |
| OLD AGE--LIVING WITH SPOUSE | 137 | 43.6 | 77.4 |
| OLD AGE--LIVING WITH CHILDREN | 117 | 37.3 | 66.1 |
| OLD AGE--LIVING WITH RELATIVES | 19 | 6.1 | 10.7 |
| LIVING WITH OTHER OLD PEOPLE | 5 | 1.6 | 2.8 |
| TOTAL RESPONSES | 314 | 100.0 | 177.4 |

233 MISSING CASES 177 VALID CASES

## Table 63. Frequency of Elderly Persons Visiting Their Friends or Relatives

Q: HOW OFTEN DOES HE/SHE VISIT HIS/HER FRIENDS OR RELATIVES?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| EVERYDAY | 1. | 23 | 5.6 | 18.5 | 18.5 |
| 1 TO 2 TIMES A WEEK | 2. | 56 | 13.7 | 45.2 | 63.7 |
| A FEW TIMES A MONTH | 3. | 25 | 6.1 | 20.2 | 83.9 |
| OCCASIONALLY | 4. | 11 | 2.7 | 8.9 | 92.7 |
| RARELY | 5. | 6 | 1.5 | 4.8 | 97.6 |
| NO ANSWER | 8. | 1 | 0.2 | 0.8 | 98.4 |
| DON'T KNOW | 9. | 2 | 0.5 | 1.6 | 100.0 |
| NOT APPBLE | 0. | 286 | 69.8 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 124 MISSING CASES 286

## Table 64. Frequency of Their Relatives Visiting the Elderly Persons

Q: HOW OFTEN DO HIS/HER FAMILY RELATIVES VISIT HIM/HER?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| ONCE A DAY | 1. | 39 | 9.5 | 31.5 | 31.5 |
| 1 TO 2 TIMES A WEEK | 2. | 56 | 13.7 | 45.2 | 76.6 |
| A FEW TIMES A MONTH | 3. | 20 | 4.9 | 16.1 | 92.7 |
| OCCASIONALLY | 4. | 6 | 1.5 | 4.8 | 97.6 |
| RARELY | 5. | 3 | 0.7 | 2.4 | 100.0 |
| NOT APPBLE | 0. | 286 | 69.8 | MISSING | 100.0 |
|  | TOTAL | 410 | 100.0 | 100.0 |  |

VALID CASES 124 MISSING CASES 286

Table 65. Distance of Elderly Persons from Their Friends or Relatives

Q: HOW FAR DO MOST OF HIS/HER FRIENDS OR RELATIVES LIVE FROM HIM/HER?

```
                                               RELATIVE   ADJUSTED    CUM
                                     ABSOLUTE    FREQ       FREQ      FREQ
CATEGORY LABEL                CODE     FREQ      (PCT)      (PCT)     (PCT)

LESS THAN A MILE               1.       34        8.3       27.4      27.4

1 TO 5 MILES                   2.       54       13.2       43.5      71.0

6 TO 10 MILES                  3.       20        4.9       16.1      87.1

11 TO 25 MILES                 4.       10        2.4        8.1      95.2

MORE THAN 25 MILES             5.        4        1.0        3.2      98.4

NO ANSWER                      8.        1        0.2        0.8      99.2

DON'T KNOW                     9.        1        0.2        0.8     100.0

NOT APPBLE                     0.      286       69.8     MISSING    100.0
                                     -------    -------    -------
                             TOTAL     410      100.0      100.0

VALID CASES     124       MISSING CASES   286
```

Table 66. Availability of Friends and Relatives to the Needs of Elderly Persons

Q: DO YOU FEEL THAT HIS/HER FRIENDS AND RELATIVES ARE GENERALLY AVAILABLE TO HIS/HER NEEDS, SUCH AS SHOPPING, RECREATIONAL ACTIVITIES, OR IN CASE OF FINANCIAL DIFFICULTIES?

```
                                               RELATIVE   ADJUSTED    CUM
                                     ABSOLUTE    FREQ       FREQ      FREQ
CATEGORY LABEL                CODE     FREQ      (PCT)      (PCT)     (PCT)

YES                            1.       95       23.2       78.5      78.5

NO                             2.       14        3.4       11.6      90.1

IT DEPENDS                     3.       11        2.7        9.1      99.2

DON'T KNOW                     9.        1        0.2        0.8     100.0

NOT APPBLE                     0.      289       70.5     MISSING    100.0
                                     -------    -------    -------
                             TOTAL     410      100.0      100.0

VALID CASES     121       MISSING CASES   289
```

**Table 67. Leisure Activities of Elderly Persons**

Q: JUST WHAT DOES HE/SHE USUALLY DO TO SPEND HIS/HER TIME?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| LEISURE--READING | 88 | 25.8 | 75.2 |
| LEISURE--WATCHING TV OR MOVIES | 92 | 27.0 | 78.6 |
| LEISURE--VISITING FRIENDS | 76 | 22.3 | 65.0 |
| LEISURE--VOLUNTEER COMMUNITY WORK | 8 | 2.3 | 6.8 |
| LEISURE--HELPING OUT IN THE HOUSE | 73 | 21.4 | 62.4 |
| LEISURE--WORKING FOR PAY | 4 | 1.2 | 3.4 |
| TOTAL RESPONSES | 341 | 100.0 | 291.5 |

293 MISSING CASES 117 VALID CASES

**Table 68. Sources of Making Friends among Elderly Persons**

Q: HOW DOES HE/SHE FIND MOST OF HIS/HER FRIENDS?

| | COUNT | PCT OF RESPONSES | PCT OF CASES |
|---|---|---|---|
| FRIENDS--RELIGIOUS ACTIVITIES | 112 | 41.8 | 94.9 |
| FRIENDS--WORK RELATIONS | 12 | 4.5 | 10.2 |
| FRIENDS--NEIGHBORHOOD PEOPLE | 48 | 17.9 | 40.7 |
| FRIENDS--SAMOAN ORGANIZATIONS | 63 | 23.5 | 53.4 |
| FRIENDS--SOCIAL ACTIVITIES | 33 | 12.3 | 28.0 |
| TOTAL RESPONSES | 268 | 100.0 | 227.1 |

292 MISSING CASES 118 VALID CASES

**Table 69. Living Arrangement Plans of Elderly Persons**

Q: SOME PEOPLE WOULD LIKE TO LIVE WITH THEIR CHILDREN AND OTHER RELATIVES WHEN THEY BECOME OLD, OTHERS WOULD LIKE TO LIVE BY THEMSELVES. IN YOUR OPINION, DO YOU THINK HE/SHE WOULD LIKE TO LIVE:

```
                                                      PCT OF    PCT OF
                                            COUNT  RESPONSES    CASES

ELDERLY--LIVING BY ONESELF                     11        5.2       9.2

ELDERLY--LIVING WITH SPOUSE                    55       25.9      46.2

ELDERLY--LIVING WITH CHILDREN                  94       44.3      79.0

ELDERLY--LIVING WITH RELATIVES                 47       22.2      39.5

LIVING WITH OTHER ELDERLY PEOPLE                5        2.4       4.2
                                          -------      -----     -----
                          TOTAL RESPONSES     212      100.0     178.2

   291 MISSING CASES  119 VALID CASES
```

**Table 70. Prospects for Retirement Homes for Elderly Persons**

Q: DO YOU THINK HE/SHE WOULD BE BETTER OFF TO LIVE IN A RETIREMENT/ NURSING HOME?

```
                                          RELATIVE   ADJUSTED     CUM
                                 ABSOLUTE   FREQ       FREQ       FREQ
CATEGORY LABEL          CODE       FREQ     (PCT)      (PCT)      (PCT)

YES                       1.        15       3.7       12.1       12.1

NO                        2.       109      26.6       87.9      100.0

NOT APPBLE                0.       286      69.8     MISSING     100.0
                                 ------    ------     ------
                        TOTAL      410     100.0      100.0

VALID CASES      124      MISSING CASES    286
```

**Table 71. Eligibility of Elderly Persons for Retirement Benefits**

Q: IS HE/SHE ELIGIBLE FOR EITHER SOCIAL SECURITY, PENSION CHECKS, OR PUBLIC WELFARE?

```
                                                 RELATIVE   ADJUSTED      CUM
                                      ABSOLUTE     FREQ       FREQ       FREQ
CATEGORY LABEL                CODE      FREQ      (PCT)      (PCT)      (PCT)

YES                             1.       103       25.1       83.1       83.1

NO                              2.        13        3.2       10.5       93.5

DON'T KNOW                      9.         8        2.0        6.5      100.0

NOT APPBLE                      0.       286       69.8    MISSING      100.0
                                       -------    -------    -------
                              TOTAL      410      100.0      100.0

VALID CASES     124        MISSING CASES    286
```

**Table 72. Difficulties in Receiving Retirement Benefits among Eligible Elderly Persons**

Q: DOES HE/SHE HAVE DIFFICULTIES IN RECEIVING THESE BENEFITS?

```
                                                 RELATIVE   ADJUSTED      CUM
                                      ABSOLUTE     FREQ       FREQ       FREQ
CATEGORY LABEL                CODE      FREQ      (PCT)      (PCT)      (PCT)

YES                             1.        26        6.3       25.2       25.2

NO                              2.        77       18.8       74.8      100.0

NOT APPBLE                      0.       307       74.9    MISSING      100.0
                                       -------    -------    -------
                              TOTAL      410      100.0      100.0

VALID CASES     103        MISSING CASES    307
```

## Table 73. Eating Habits of Elderly Persons

Q: WHAT ABOUT HIS/HER EATING HABITS? DO YOU THINK THERE ARE SOME PROPER DIETS WHICH HE/SHE SHOULD HAVE BUT IS UNABLE TO GET?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 47 | 11.5 | 37.9 | 37.9 |
| NO | 2. | 65 | 15.9 | 52.4 | 90.3 |
| IT DEPENDS | 3. | 1 | 0.2 | 0.8 | 91.1 |
| NO ANSWER | 8. | 1 | 0.2 | 0.8 | 91.9 |
| DON'T KNOW | 9. | 10 | 2.4 | 8.1 | 100.0 |
| NOT APPBLE | 0. | 286 | 69.8 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 124 MISSING CASES 286

## Table 74. Nutritional Programs for Elderly Persons in the Samoan Community

Q: DO YOU KNOW IF THERE ARE NUTRITIONAL PROGRAMS FOR THE ELDERLY IN YOUR SAMOAN COMMUNITY?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 21 | 5.1 | 16.9 | 16.9 |
| NO | 2. | 103 | 25.1 | 83.1 | 100.0 |
| NOT APPBLE | 0. | 286 | 69.8 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 124 MISSING CASES 286

Table 75. Complaints about Dietary Needs by Elderly Persons

Q: HAS HE/SHE EVER COMPLAINED ABOUT MISSING SOME SPECIFIC KIND OF FOOD WHICH HE/SHE WOULD LIKE TO HAVE?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| YES | 1. | 49 | 12.0 | 39.5 | 39.5 |
| NO | 2. | 69 | 16.8 | 55.6 | 95.2 |
| IT DEPENDS | 3. | 1 | 0.2 | 0.8 | 96.0 |
| DON'T KNOW | 9. | 5 | 1.2 | 4.0 | 100.0 |
| NOT APPBLE | 0. | 286 | 69.8 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 124 MISSING CASES 286

Table 76. Enrollment of Elderly Persons in Medicare or Medi-Cal Programs

Q: IS HE/SHE ON MEDICARE OR MEDI-CAL?

| CATEGORY LABEL | CODE | ABSOLUTE FREQ | RELATIVE FREQ (PCT) | ADJUSTED FREQ (PCT) | CUM FREQ (PCT) |
|---|---|---|---|---|---|
| BOTH | 1. | 27 | 6.6 | 21.8 | 21.8 |
| ONLY MEDICARE | 2. | 33 | 8.0 | 26.6 | 48.4 |
| ONLY MEDICAL | 3. | 38 | 9.3 | 30.6 | 79.0 |
| NEITHER OF THEM | 4. | 18 | 4.4 | 14.5 | 93.5 |
| DON'T KNOW | 9. | 8 | 2.0 | 6.5 | 100.0 |
| NOT APPBLE | 0. | 286 | 69.8 | MISSING | 100.0 |
| | TOTAL | 410 | 100.0 | 100.0 | |

VALID CASES 124 MISSING CASES 286

**Table 77. Additional Health Insurance among Elderly Persons**

Q: DOES HE/SHE CARRY ADDITIONAL HEALTH INSURANCE?

```
                                                 RELATIVE   ADJUSTED      CUM
                                     ABSOLUTE      FREQ       FREQ       FREQ
CATEGORY LABEL               CODE      FREQ        (PCT)      (PCT)      (PCT)

YES                            1.        29         7.1       23.4       23.4

NO                             2.        80        19.5       64.5       87.9

DON'T KNOW                     9.        15         3.7       12.1      100.0

NOT APPBLE                     0.       286        69.8     MISSING     100.0
                                     -------     -------    -------
                             TOTAL      410       100.0      100.0

VALID CASES      124      MISSING CASES    286
```

**Table 78. Medical or Dental Needs of Elderly Persons**

Q: IN GENERAL, DO YOU KNOW IF HE/SHE HAS ANY SPECIFIC MEDICAL OR DENTAL NEEDS BUT CANNOT GET THEM?

```
                                                 RELATIVE   ADJUSTED      CUM
                                     ABSOLUTE      FREQ       FREQ       FREQ
CATEGORY LABEL               CODE      FREQ        (PCT)      (PCT)      (PCT)

YES                            1.        21         5.1       16.9       16.9

NO                             2.       100        24.4       80.6       97.6

NO ANSWER                      8.         1         0.2        0.8       98.4

DON'T KNOW                     9.         2         0.5        1.6      100.0

NOT APPBLE                     0.       286        69.8     MISSING     100.0
                                     -------     -------    -------
                             TOTAL      410       100.0      100.0

VALID CASES      124      MISSING CASES    286
```

Table 79. Availability of Physical Aids for Elderly Persons

Q: MANY PEOPLE NEED SOME KIND OF PHYSICAL AIDS TO HELP THEM WITH WALKING, EATING, SEEING, OR HEARING WHEN THEY BECOME OLD, SUCH AS HEARING AIDS, DENTURES, GLASSES, OR BRACES. GOING BACK TO THE SAME PERSON WE'VE BEEN TALKING ABOUT, DO YOU THINK HE/SHE IS ABLE TO GET THESE FREE FROM GOVERNMENT AGENCIES OR HOSPITALS, OR DOES HE/SHE HAVE TO PAY FOR THEM?

```
                                              RELATIVE   ADJUSTED     CUM
                                  ABSOLUTE      FREQ       FREQ       FREQ
CATEGORY LABEL              CODE    FREQ       (PCT)      (PCT)      (PCT)

GET THEM FREE                1.      33         8.0        26.8       26.8

PAY FOR THEM                 2.      54        13.2        43.9       70.7

NO ANSWER                    8.       2         0.5         1.6       72.4

DONT KNOW                    9.      34         8.3        27.6      100.0

NOT APPBLE                   0.     287        70.0      MISSING     100.0
                                  -------    -------     -------
                            TOTAL   410       100.0       100.0

VALID CASES      123       MISSING CASES    287
```

Table 80. Need of Physical Aids for Elderly Persons

Q: WHAT WOULD YOU SAY ABOUT EACH OF THESE PHYSICAL AIDS FOR HIM/HER?

| | DENTURES | HEARING AIDS | GLASSES | BODY BRACES | OTHER AIDS |
|---|---|---|---|---|---|
| 1) Is using them | 38<br>(26.4) | 1<br>--- | 90<br>(61.2) | 2<br>--- | 3<br>--- |
| 2) Would need them | 29<br>(20.1) | 29<br>(21.3) | 19<br>(12.9) | 12<br>(9.2) | 6<br>--- |
| 3) Would use them if free of charge | 36<br>(25.0) | 36<br>(26.5) | 30<br>(20.4) | 42<br>(32.3) | 18<br>(30.5) |
| 4) Doesn't need them | 41<br>(28.5) | 70<br>(51.5) | 8<br>--- | 73<br>(56.2) | 33<br>(55.9) |
| TOTAL RESPONSES | 144<br>(100.0) | 136<br>(100.0) | 147<br>(100.0) | 130<br>(100.0) | 59<br>(100.0) |

# METHODOLOGICAL NOTES

This section is prepared primarily for those who are interested in the background of this project as a community study, some of the methodological problems encountered, as well as the lessons to be learned from it. The section's major purpose is to offer some suggestions regarding community research, based on our experiences, so that others may benefit in their own studies.

Compared to many studies, this one may be considered a "mini-project" in terms of manpower, financing, and the amount of time spent. Yet this mini-project is useful in several ways: in terms of content, it paves the way for later studies of the Samoan community in more depth, and it provides some baseline data for the planning and implementation of needed social action programs. In addition, this project is an example of a joint "insider-outsider" study, a type of study that is certain to become more common in the future. In the text of the report, the methods employed have been described in some detail. Here we will analyze the study in order to pinpoint the problem areas that other communities and researchers may also encounter. Such problems may lead to limitations in the results, as we will show.

## MODEL OF COMMUNITY RESEARCH

From a research point of view, most community studies only require that the researcher go into a community and collect the necessary data. What is conspicuously missing in this approach is that the researcher fails to solicit appropriate inputs from community insiders. While he may be meticulous in gathering reliable data, he usually does not feel obligated to involve his informants in the research process or to have them participate in its outcome. More damaging to the research, he may not even solicit feedback on his research product. Hence the research study may be intelligible to an academic audience, but may fail to elicit any sense of understanding from the community people from whom the information was solicited.

In recent years, it has become increasingly difficult for individual researchers to find the funds to finance social research on ethnic communities. On the other hand, ethnic communities have become more cognizant of the stakes involved in community research and more vocal about their benefiting from such research. There are several alternatives for dealing with the state of affairs if one is to conduct research in a community setting. The researcher may scale down the scope of his study; he may solicit inputs from the community with whom he deals; he may do the study under the auspices of the community people; or he may combine some of these strategies. The most desirable solution, on pragmatic grounds, is some form of joint partnership between the community and the researcher.

From a practical point of view, such a partnership can pool the respective resources of each party, which in most cases complement each other. Since it is community research, the community can provide an insider's knowledge and experience to help chart the course of research activities and throw light on the results. It also can contribute valuable sources of community contact to facilitate data collection processes since it alone can provide information that is needed for the research. By becoming an active partner in the research process, the community also can make sure that the research problems are relevant to the needs of the community, that the results and findings are not divorced from the daily reality of community life, and that the community also receives positive payoffs from the research product.

Furthermore, though this point may not obvious, such a study is an educational experience for the community participants just as it is for the outsider researcher. As the latter gains valuable insights into the community's way of life, the community participants come to learn research techniques through first-hand experience, as well as new ways of understanding their own community. In time, the community may thus develop its own reservoir of technical expertise to benefit the whole community.

On the other hand, as community research, people from the academic institution are often better qualified to undertake the technical aspects of the project. They are usually more skilled in designing the structure of the research, in gathering reliable data, in analyzing the results, in writing up the report, etc. Moreover, since they are from outside the community, they are more likely to be able to see the results for what they are, and not what community members would like them to be.

With the community people involved in these phases of the research process, the errors in interpretation that may be made by an outside researcher will be minimized. On the other hand, the researcher may also be able to observe facts of community life which are taken for granted by community insiders, or to detect ethnocentric biases that may exist among community insiders. And, in finalizing the report of the study, the two parties may have to go through the painstaking process of negotiating and reconciling differences in points of view, but that cathartic process will help to point out latent biases and to improve the end product. Thus, from a methodological point of view, such a model of community research has the potential ability to generate more valid, objective information on a community than research done only by one party.

## EXECUTING THE JOINT PROJECT

Such is the research model envisioned. To operationalize such an ideal is, however, not always so easy. The chief problems that may occur in any joint research project are problems of coordination, more specifically: the involvements and responsibilities of each party, the realistic appraisal of the resources available, the division of labor and integration of efforts, and the joint resolution of difficulties. Such general problems should be considered when planning any project, although in specific projects they may well take unique forms.

## BACKGROUND OF THIS STUDY

The idea of conducting this study first came to AAMHRC's attention in the late spring of 1976, when Mr. Palafu Tili and Mr. Amani Magalei, who were both community workers at the Oriental Service Center, approached AAMHRC for aid. (Mr. Tili was and is on the Community Advisory Board of AAMHRC.) The two Samoan leaders convinced Dr. Liu, the Director of AAMHRC, that no reliable documentation existed on the Samoan community, and that such a study was desperately needed. The joint decision was that the best approach for conducting such a study was to pool the resources of the Samoan community and those of AAMHRC. The Samoans would provide the manpower and the community contacts for collecting the data, while AAMHRC would contribute technical assistance to the study. This arrangement was necessary because neither the Samoan community nor AAMHRC had adequate resources to do the study independently; it was also desirable because each party's resources could complement the other's nicely. This agreement was later recognized formally at a Samoan Council meeting on July 4, 1976. The Samoan fieldworkers were assembled through summer project grants, and Ramsay Shu of AAMHRC was assigned to oversee the quality of the data gathered.

Data were collected during the summer and fall of 1976. They were analyzed by Mr. Shu, and a preliminary version of the study report was completed by March of 1977. He spent the following summer in Los Angeles obtaining more information and reviewing the draft version with members of the Samoan community. In conjunction with Adele Satele, who is co-author of this report, he also obtained endorsements from representative members of the Samoan community to release this study report to the general public. Subsequent editorial work was done at AAMHRC's office in Chicago.

We will now look at the study in more detail. Although early sections of the report and the previous paragraphs tell what happened and when, some of the contextual circumstances that affected the study that are of interest in understanding it as a joint insider-outsider study have not yet been discussed. We will describe these in chronological order as follows: (A) Planning stage, (B) Fieldwork stage, and (C) Analysis stage.

### (A) Planning Stage

1) Division of Labor. From the beginning, the study was understood to be a joint enterprise between community insiders and outside researchers. From the community perspective, the Samoans were responsible for choosing the problem areas of the study, collecting empirical data, and providing relevant inputs and feedback to the work produced by AAMHRC. From the research angle, AAMHRC was responsible for preparing the questionnaire instrument, monitoring the quality of the data, writing up the study report, and shouldering the costs involved in these operations. While there was occasional lapses from this arrangement, both parties have tried to remain as faithful to it as much as possible.

2) Manpower Recruitment. The research team was set up as follows:

a) Community leaders. It was Mr. Tili and Mr. Magalei, both of whom had offices at the Samoan Community Center in Carson, who approached and maintained contact with AAMHRC. Both individuals are acknowledged leaders in the Samoan community. However, it was recognized only later on in the study that they had undertaken an extremely heavy responsibility in acting as community liaison persons, and it would have been helpful to them and to the study if more community leaders had become involved earlier in the study.

b) Technical assistant. AAMHRC assigned the technical assistant to the project. His primary obligation at this stage was to ensure the validity of the results obtained.

c) Project supervisors. Two Samoan project supervisors were selected to oversee the activities of the interviewers, to facilitate the interviewer's access to the respondents, and to act as liaison persons to the Samoan community.

d) Interviewers. The original interviewers were Samoan high school students who were recruited through a summer youth program. They were selected mainly because they represented a pool of inexpensive manpower, and the financial resources that the Samoan community could provide were scarce. When these students returned to school in the fall, they were replaced by adult interviewers who were paid by AAMHRC.

Several characteristics of the students reduced their effectiveness to the study. The most outstanding problem was their youth. In the Samoan way of life, there is high premium placed on age and experience. The corollary of this is that youth and inexperience are not respected. Therefore these interviewers were faced with strong cultural constraints, to begin with, when they attempted to solicit survey information from their elders, much of which would be considered personal in nature. Furthermore, their limited repertoire of experiences, such as language abilities, interpersonal skills, interviewing techniques, and so forth, did not equip them for successful participation in the survey.

These characteristics, along with untoward situations that occurred during the summer, have led us to the conclusion that it would have been more productive to have invested more resources and to have hired adult interviewers at the beginning of the project.

e) Respondents. In any research involving social surveys, the cooperation of the potential respondents is essential. Usually such goodwill is assumed, even though a certain degree of lack of cooperation is also expected. Especially when community members themselves are collecting the data, less attention may be given to the role of the respondents in the planning stage.

However, in this study, more thought should have been given to introducing them to the project. Possibly this is true whenever information of a personal nature is solicited. As it turned out, some of the Samoan respondents expressed their concern over matters such as the nature of the survey and its prospective audience, the release of information to others, and its possible payoffs both positively and negatively to the Samoan community. Others did not wish to cooperate with the student interviewers at all. These attitudes affected the gathering of a representative sample and the morale of the fieldwork team during the data collection stage.

In retrospect, there should have been more effort to introduce the survey study to community members early in the project. This could have been done by initially involving more Samoan chiefs and ministers and having them contact their respective groups. The reception of the study would then have been more positive and the results more representative of the entire community.

3) Questionnaire Construction. This aspect of the study involved inputs from both AAMHRC and the Samoans, as described in the text of the report. AAMHRC prepared initial drafts of the questionnaire instrument, and each draft was revised in consultation with the Samoan workers.

Some items listed in the early drafts were later dropped when it became clear that those items were irrelevant to the case of the Samoan community, while others not previously included were added. For example, the section on the needs of the elderly Samoans was incorporated into the questionnaire instrument at the urging of the Samoans.

In the beginning, both AAMHRC and the Samoans considered it essential to have a Samoan version of the instrument once the English original was finalized. But it became apparent that that task would introduce more extraneous considerations than otherwise. For one thing, it was not feasible, given budgetary and time restraints, to obtain a Samoan translation of the instrument without introducing translation errors. Also, because of lack of staffing in this respect, more problems would have subsequently arisen in re-translating the interview protocols into English and assessing the extent of data validity. Thus, the project staff decided to simplify matters and used only the English version of the instrument. However, as it turned out, feedback from the interviewers indicated that a sizeable number of the respondents would have preferred to have a Samoan translation copy available for reference.

4) Sampling. During the initial stage of the study, in June of 1976, the Samoans were to compile the necessary information so that appropriate sampling strategies could be devised. Such information would have included census maps, block statistics, Samoan directories, various organizational membership lists, etc., so that random samples could be drawn from a master list. However, such information was not forthcoming, and such a master list was not available. Thus, as described earlier, the fieldworkers compiled their own working directory through informal contacts.

The sample eventually used for the study is thought to be overloaded with respondents from particular neighborhoods and church groups. A better representative sample would have included more Samoans from other neighborhoods and churches, as well as more of those living below the poverty level. However, even though there was little systematic sampling, the significant size of the sample (12.5% out of the projected population of Samoans in the South Bay area) should offset, according to the Law of Large Numbers, some of the representative problems involved here.

In retrospect, it is recognized that more time should have been spent on preparing a master list, and on involving more community leaders in the project, who could then have "sold" it to potential respondents.

In summary, it may be stated that if there had been better planning between the Samoan community and AAMHRC before actual fieldwork began, many of those problems later encountered would not have occurred. However, at the beginning, neither party was familiar enough with the assets of the other in order to complement them. AAMHRC (as represented by Ramsay Shu) was not adequately aware of the Samoan way of life, nor the intricacies of community politics, to be able to capitalize on the warm hospitality of the Samoans. On the other hand, the Samoans were not quite able to provide the resources which might have helped to resolve some of the technical problems involved. Extraneous factors, such as the fact that AAMHRC office was not located near the community, that Mr. Palafu Tili was hospitalized during most of August, or that a meeting to formalize the arrangement with the Samoan Council could not be scheduled until early in July, did not promote planning effectiveness either.

### (B) Fieldwork Stage

In a joint insider-outsider community study, the respective contributions and responsibilities of all parties should be clearly understood. This is very important in studies where members of the fieldwork team are amassed from (in the present case, three) different sources, through different channels, and are accountable to different superiors. As a result, even though the members participate in the same project, they may perceive different obligations for their roles and respective means to fulfill them. The lines of authority need especially to be clarified for the sake of the fieldworkers. Initially in this study, neither the technical assistant, the two supervisors, nor the interviewers had direct authority over the work performance of the others. As a result, the assignment of work responsibilities proceeded on an eclectic basis, and no effective sanctions could be applied should a member of the work team slacken off in his/her responsibilities.

To illustrate, let us take the case of the student interviewers. Oftentimes, they were subject to different expectations set by their supervisors and by the technical assistant when, in actuality, neither of them had direct authority over the students. This discrepancy in work expectations was in part due to the different work roles assigned to the two supervisors and the technical assistant. Thus, should the technical assistant, on the basis of his responsibility, demand better results from the student interviewers, the two supervisors, on the basis of their experiences, would sympathize with the interviewers and defend their performance in terms of "the Samoan way of life" or the "intricacies of community politics". Conversely, the technical assistant could be perceived as "pushy" in getting the work done. Caught in this web of conflicting expectations, some of the students would take advantage of the situation and stay away from work at times. This situation was corrected when the student interviewers were replaced by adults who were reimbursed on a piece-rate basis. Since the adult interviewers were paid by AAMHRC, the technical assistant was able to assume responsibility over the quality of their work.

Lack of authority over team composition can have untoward effects. In this case, a few noteworthy incidents served to lower the morale of the work team during this stage. First, about half of the original group of student interviewers were suddenly and inexplicably withdrawn from the survey project at the end of the training sessions, and were assigned light working hours at a nearby high school. This meant that valuable time and resources spent on training these students were unproductive. Though obviously discouraged, project staff tried unsuccessfully to recruit other students. Moreover, it meant that the remaining students had to shoulder more work responsibilities as a consequence, and their motivation was further diminished when they were constantly reminded of their peers at the neighborhood high school. Second, as the student interviewers approached prospective respondents, it was not uncommon for them to be rejected at the front door. While such a situation is to be expected in any kind of survey research, the students were seriously discouraged when they were repeatedly rejected by people in a particular neighborhood who had not been informed of the survey.

In short, fieldwork experiences demonstrated that it would be of benefit to a study if expectations of the team members are clarified beforehand, the work roles of the members coordinated, and the accountability pattern of the team as a whole systematized.

### (C) Analysis Stage

This report should not be considered the final product of the study because additional data collected since the summer of 1976 have not been analyzed and included. On the other hand, it is clear to us that some minor coding errors exist among the results and still need to be corrected. Also, by utilizing statistical inference techniques not presently included in this report, some more substantive findings and interpretations may be made where appropriate. Thus, it is conceivable that some of the interpretations and conclusions contained in this report may be substantiated by further results, while others may be contradicted.

This present report, in our opinion, represents a significant improvement over the first draft. It has incorporated numerous suggestions and corrections from members of the Samoan community, and was approved formally by Samoan community leaders. Final editorial touches were made at AAMHRC's home office in Chicago.

## LESSONS OF THE STUDY

Given the nature of this study and how it developed over time, it is now pertinent to review some of the major lessons learned from our research experience. While the joint participation of both community and outside researchers is desirable, problems of specifying and coordinating respective inputs and responsibilities become imperative when such a partnership takes place. We would suggest that the following points be kept in mind for such a research model to be successful:

1) First and most important, adequate time and thought should be invested in the early planning stage of community research, that is, while the community representatives and outside researchers are engaged in the process of negotiating and mapping overall strategies for the research. Exchanges should be made in terms of how the research should be conducted, who is going to provide which kind of inputs and claim which sphere of responsibilities, etc. This is usually a tedious and frustrating process, especially because the participants are likely to be strangers to each other at this stage. It is not necessary to map out the details of the projected research, or require that they be scrupulously adhered to later on. A rough skeleton of the project to be undertaken should suffice, provided that it incorporates the essential elements of the research. Indeed, since neither party may be familiar with the other's background, nor future contingencies, it may well be better to allow for a certain amount of flexibility at this point. However, it is important that an agreement exists, and in some instances it may be prudent to have the agreement formalized in the form of a contract to avoid possible delinquent responsibilities later on--from either party. This planning process also has the advantage of actively committing both parties to the research. Or, in the event that one party does not agree to the terms, it has the option of soliciting another prospective partner before committing too many resources to the initial plan.

2) As other preliminary work for the research is being conducted, e.g., designing the research methods, recruiting the fieldworkers, gathering preliminary information, etc., the agreement should be constantly updated in terms of each party's respective inputs, responsibilities, jurisdiction over the research process and end product, and, if necessary, the application of appropriate sanctions. Prior agreements may need to be revised as the situation changes, or when new information becomes available. While this process may involve significant amounts of paperwork, it is preferable to prolonging an undesirable situation before it becomes endemic to the research as a whole. Besides this allows each participant to review the partnership periodically and withdraw from further participation if he so wishes.

3) Once the overall partnership agreements have been made, and as fieldwork takes shape, it becomes important to coordinate field activities. Coordination means to utilize the inputs from various sources so that the common goal, i.e., the research study, can best be achieved. It means that the responsibility of each participant is clarified, his accountability specified, and that there be effective channels of rewarding or sanctioning the member if the situation warrants. The research process should be viewed as work experience, especially if paid participants are engaged. As such, rules of work accountability are also applicable here, even though work performance may be more difficult to measure. If accountability is unenforceable, the end product will suffer.

4) In the event that the partnership between community insiders and outsiders and outside researchers extends beyond the fieldwork phase, it is also incumbent on both parties to live up to the original agreements. This may involve the research agency delivering the research report in accordance to its technical resources, or the community reviewing the report in terms of its community expertise. Whatever the outcome, the respective contributions to the end product from each party should be specified and honored as much as possible. Sometimes at this stage, outsiders and even community members themselves, have difficulties in pinpointing to their own satisfaction the roles of the people involved. This is particularly true in the case of the "community" when every community member may feel himself eligible to claim his stakes even if he did not participate in the study. However, it may also happen to the outsider researcher if precaution is not taken. To use a cliche, each project should "give credit where credit is due".

In conclusion, our experiences inform us that even though there are numerous potential difficulties involved in such a joint insider-outsider model of community study, they are outweighed by the advantages. We think it is a model that will become increasingly popular on account of its appeal. Therefore, to paraphrase Robert Merton's plea:

> Insiders and Outsiders, Unite!
> You have nothing to lose but your claims,
> But a whole world of understanding to gain!

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